MOP024 FEE-FOR-SERVICE/DENTAL

ALL OTHER SERVICES

AMADOR COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE

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FEE-FOK-SERVICES FOR CASH GRANT - AGED ----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 1,134 ELIGIBLES USERS OTAL, ALL PROVIDERS 902
HYSICIANS SERVICES 202
OUTPATIENT VISITS 1
OFFICE VISITS 1
HOME VISITS 0
EMERGENCY ROOM 0
PREVENTIVE CARE 0
OB VISITS/COMPRE PERT OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 350,022.54 \$ 41.41 7.453 \$ 388.05 \$ 308.66 @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS OB VISITS/COMPRE PERI 0 OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS 0
CRITICAL CARE 0
SNF/ICF/TRANS IP CARE 0
OPHTHALMOLOGICAL SERVICES 0
EXAMINATIONS 0 EXAMINATIONS SERVICES AND MATERIALS ASSISTANT SURGEON
ANESTHESIOLOGIST
OUTPATIENT SURGERY
PRINCIPAL SURGEON
ASSISTANT SURGEON
ASSISTANT SURGEON
ANESTHESIOLOGIST
OIALYSIS
PATHOLOGY
RADIOLOGY
PSYCHIATRY
IMMUNIZATION AND INJECTION
THER SERVICES (7) INPATIENT HOSPITAL SURGERY ### PHARMACY 770

| PRESCRIPTION DRUGS 766 |
| SNF/ICF 27 |
| OUTPATIENTS 741 |
| MEDICAL SUPPLIES 50 |
| DENTIST 47 |
| VISITS - DIAGNOSTIC 26 |
| ORAL SURGERY 8 |
| DRUGS 0 0 |
| ANESTHESIA 0 |
| PERIODONTICS 1 |
| ENDODONTICS 3 |
| RESTORATIVE DENTISTRY 11 |
| PROSTHETICS 0 |
| DENTURES, STAYPLATES 10 |
| SPACE MAINTAINERS 0 |
| MAXILLOFACIAL SERVICES 0 | @PHARMACY 741 50 47 26

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ACCOMMISSION OF THE PROPERTY TURNS MORT—
ACCOMMISSION CASH GRAFT — AGED

ACCOMMISSION CASH

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MOP024 FEE-FOR-SERVICE/DENTAL AMADOR COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 ----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 1,134 ELIGIBLES HEMODIALYSIS TOTAL 0 0 \$.00 \$. 00 @REHABILITATION FACILITY . 00 .00 .00 @LABORATORY FACILITY .03 .00 .03 @ORGANIZED OUTPATIENT CLINIC 112
CLINIC 0 5.04 . 00 .17

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 612

.00 4.88 MOP024 FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 01/17/03

	MONTHLY AVERAGE							
1,134 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	239	3 , 572	\$	47,472.01	\$ 13.29	3.150	\$ 198.63	\$ 41.86
DURABLE MED. EQUIP.	11	15		992.81	66.19	.013	90.26	.88
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	14		3,905.82	278.99	.012	557.97	3.44
MEDICAL TRANSPORTATION	23	343		1,691.77	4.93	.302	73.56	1.49
AMBULANCES/AIR TRANS	1	12		249.82	20.82	.011	249.82	.22
OTHER TRANS	3	29		130.01	4.48	.026	43.34	.11
OTHER SERVICES	20	302		1,311.94	4.34	.266	65.60	1.16
ACUPUNCTURE	11	46		789.36	17.16	.041	71.76	.70
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	77	288		23,176.38	80.47	.254	300.99	20.44
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	28	68		803.08	11.81	.060	28.68	.71
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	10		371.30	37.13	.009	123.77	.33
PROSTHETICS	3	10		371.30	37.13	.009	123.77	.33
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	3		1,377.97	459.32	.003	688.99	1.22
HOSPICE SERVICES	3	35		3,973.86	113.54	.031	1324.62	3.50
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	120	2,750		10,389.66	3.78	2.425	86.58	9.16
@CALIF. CHILDREN SERVICES*	1	2	\$	149.92	\$ 74.96	.002	•	\$.13
@XOVER EXCLUDING STATE HOSP**	358	1,434	\$	42,895.62	\$ 29.91	1.265	\$ 119.82	\$ 37.83

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 613 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 AMADOR COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

INDICOCOULT	DOIMMING OF DELIC	(11000 101(011011 01	. (1 11 4 1	DHIND	TIED CODE	20		
						MO	NTHLY AVERA	GE
75 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ε		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	72	16,127	\$	67,366.28	\$ 4.18	215.027	\$ 935.64	\$ 898.22
@PHYSICIANS SERVICES	32	192	\$	6,901.03	\$ 35.94	2.560	\$ 215.66	\$ 92.01
OUTPATIENT VISITS	8	9		439.73	48.86	.120	54.97	5.86
OFFICE VISITS	8	8		344.25	43.03	.107	43.03	4.59
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		95.48	95.48	.013	95.48	1.27
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	4	41		2,955.34	72.08	.547	738.84	39.40
HOSPITAL VISITS	4	36		1,936.16	53.78	.480	484.04	25.82
CRITICAL CARE	1	5		1,019.18	203.84	.067	1019.18	13.59

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	25	2,356.51	94.26	.333	471.30	31.42
PRINCIPAL SURGEON	2	4	1,819.08	454.77	.053	909.54	24.25
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	21	537.43	25.59	.280	179.14	7.17
OUTPATIENT SURGERY	1	1	44.68	44.68	.013	44.68	.60
PRINCIPAL SURGEON	1	1	44.68	44.68	.013	44.68	.60
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	7	236.93	33.85	.093	118.47	3.16
RADIOLOGY	4	9	259.90	28.88	.120	64.98	3.47
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	21	100	607.94	6.08	1.333	28.95	8.11
@ PHARMACY	58	2 , 195	\$ 14,627.62	\$ 6.66	29.267	\$ 252.20	\$ 195.03
PRESCRIPTION DRUGS	57	250	13,391.19	53.56	3.333	234.93	178.55
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	57	250	13,391.19	53.56	3.333	234.93	178.55
MEDICAL SUPPLIES	5	1,945	1,236.43	.64	25.933	247.29	16.49
@DENTIST	2	3	\$ 915.00	\$ 305.00	.040	\$ 457.50	\$ 12.20
VISITS - DIAGNOSTIC	1	1	15.00	15.00	.013	15.00	.20
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENELIDES CERVELAMES	1	2	000 00	450.00	007	000 00	10.00	
DENTURES, STAYPLATES	1	2	900.00	450.00	.027	900.00	12.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 614	
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/17/03	
AMADOR COUNTY	SUMMARY OF SERVICES	FOR CASH GRAN'	T - BLIND	AID COD	E 20			

----- MONTHLY AVERAGE -----75 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER EXPENDITURES OR DAYS OF CARE PER ELIG USER ELIGIBLE PER UNIT/DAY 242.80 @OPTOMETRIST 3 8 728.41 91.05 .107 \$ Ś 9.71 \$ 0 .00 DIAGNOSTIC AND ANC. PROCED 0 .00 .000 .00 .00 242.80 EYE APPLIANCES 728.41 91.05 .107 9.71 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR .00 Ś .00 .000 \$.00 Ś .00 .00 .00 .00 .00 VISITS .000 0 OTHER SERVICES .00 .00 .000 .00 .00 0 .000 .00 .00 .00 .00 @PODIATRIST MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. 0 .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 0 OTHER .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 5 374.30 74.86 .067 374.30 4.99 Ś Ś Ś NURSE ANESTHESIST .00 \$.00 .000 .00 \$.00 NURSE MIDWIFE .00 \$.00 .000 .00 Ś .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 Ś . 00 .00 FAMILY NURSE PRACTITIONER .00 .000 .00 .00 @TOTAL HOSPITAL 55 25,345.57 460.83 .733 1810.40 337.94 14 21 23,940.00 1140.00 .280 11970.00 HOSP INPATIENT TOTAL 319.20 21 23,940.00 1140.00 11970.00 HSC HOSPITALS .280 319.20 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .00 ANCILLARIES .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .000 ALL OTHER INPATIENT .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 14 34 1,405.57 41.34 .453 100.40 18.74 MEDICAL 463.25 77.21 .080 77.21 6.18 SURGERY .00 .00 .000 .00 .00 PATHOLOGY 9 141.92 15.77 .120 35.48 1.89 258.51 64.63 .053 86.17 3.45 RADIOLOGY 188.45 ROOM USE 47.11 .053 47.11 2.51 4 11 CROSSOVERS/ALL OTH OUTPINT 353.44 32.13 .147 44.18 4.71 @COUNTY HOSPITAL TOTAL .00 Ś .00 .000 .00 .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 .00 .00 .00 HSC HOSPITALS .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DI	EC 2002	PAGE 615
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FO	OR CASH GRANT	- BLIND	AID CODE	20		
					MOI	NTHLY AVERAG	E

						Mo	INC	HLY AVERA	GE	
75 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CARE		PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	55	\$ 25,345.57	\$	460.83	.733	\$	1810.40	\$	337.94
COMM HOSP INPATIENT TOTAL	2	21	23,940.00		1140.00	.280		11970.00		319.20
HSC HOSPITALS	2	21	23,940.00		1140.00	.280		11970.00		319.20
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	14	34	1,405.57		41.34	.453		100.40		18.74
MEDICAL	6	6	463.25		77.21	.080		77.21		6.18
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	4	9	141.92		15.77	.120		35.48		1.89
RADIOLOGY	3	4	258.51		64.63	.053		86.17		3.45
ROOM USE	4	4	188.45		47.11	.053		47.11		2.51
CROSSOVERS/ALL OTH OUTPINT	8	11	353.44		32.13	.147		44.18		4.71
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	0		\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	3		\$ 2,775.61	\$	252.33	.147	\$		\$	37.01
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	3	11	2 , 775.61		252.33	.147		925.20		37.01
@REHABILITATION FACILITY	0		\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	1		\$ 10.11	\$	10.11	.013	\$	10.11	\$.13
PATHOLOGY	1	1	10.11		10.11	.013		10.11		.13
XO AND OTHERS	0	0	.00		.00	.000		.00		.00

@ORGANIZED OUTPATIENT CLINIC	15	27	\$		\$ 32.63	.360 \$		•
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	15	27		881.00	32.63	.360	58.73	11.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITU	RES M	ONTH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DE	EC 2002	PAGE 616
MOP024	FEE-FOR-SERVIC	E/DENTAL						01/17/03
AMADOR COUNTY	SUMMARY OF SER	VICES FOR CASH G	RANT	- BLIND	AID CODE	20		
						MON		GE
75 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS		COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	35	13,630	\$	14,807.63			423.08	\$ 197.44
DURABLE MED. EQUIP.	4	7		1,538.07	219.72	.093	384.52	20.51
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	12	4,830		8,503.87	1.76	64.400	708.66	113.38
AMBULANCES/AIR TRANS	1	46		277.95	6.04	.613	277.95	3.71
OTHER TRANS	5	4,618		7,671.10	1.66		1534.22	102.28
OTHER SERVICES	8	166		554.82	3.34	2.213	69.35	7.40
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	4		814.92	203.73	.053	407.46	10.87
PROSTHETICS	2	4		814.92	203.73	.053	407.46	10.87
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	146		615.77	4.22	1.947	102.63	8.21
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

0 6 0 0

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PED SUBACUTE REHAB/WEANING

@CALIF. CHILDREN SERVICES*

ALL OTHER PROVIDERS

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 617 01/17/03 MOP024 FEE-FOR-SERVICE/DENTAL AMADOR COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

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4.267 \$ 150.22 \$ 66.10

.00 .00 .000 .00 .00 .00 .000 .00 3,335.00 .39 115.240 151.59 .00

31,023.63 \$ 319.83 1.293 \$ 3447.07 \$ 413.65

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					MONTHLY AVERAGE							
5,336 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER			
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE			
@TOTAL, ALL PROVIDERS	4,089	129,454	\$	2,854,036.96	\$ 22.05	24.260	697.98	\$	534.86			
@PHYSICIANS SERVICES	1,337	4,910	\$	129,049.83	\$ 26.28	.920	96.52	\$	24.18			
OUTPATIENT VISITS	625	950		30,736.32	32.35	.178	49.18		5.76			
OFFICE VISITS	544	804		25,361.40	31.54	.151	46.62		4.75			
HOME VISITS	7	7		309.30	44.19	.001	44.19		.06			
EMERGENCY ROOM	43	62		3,222.87	51.98	.012	74.95		.60			

[@]XOVER EXCLUDING STATE HOSP** 33 320 \$ 4,957.29 \$ 15.49 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	101.05	101.05	.000	101.05	.02
OTHER OUTPATIENT	63	76	1,741.70	22.92	.014	27.65	.33
INPATIENT VISITS	72	214	9,784.35	45.72	.040	135.89	1.83
HOSPITAL VISITS	57	176	7,818.14	44.42	.033	137.16	1.47
CRITICAL CARE	8	14	1,388.90	99.21	.003	173.61	.26
SNF/ICF/TRANS IP CARE	15	24	577.31	24.05	.004	38.49	.11
OPHTHALMOLOGICAL SERVICES	10	11	483.55	43.96	.002	48.36	.09
EXAMINATIONS	10	11	483.55	43.96	.002	48.36	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	31	550	15,178.88	27.60	.103	489.64	2.84
PRINCIPAL SURGEON	17	23	10,589.34	460.41	.004	622.90	1.98
ASSISTANT SURGEON	3	4	960.16	240.04	.001	320.05	.18
ANESTHESIOLOGIST	15	523	3,629.38	6.94	.098	241.96	.68
OUTPATIENT SURGERY	102	216	14,995.88	69.43	.040	147.02	2.81
PRINCIPAL SURGEON	84	101	12,327.83	122.06	.019	146.76	2.31
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	20	115	2,668.05	23.20	.022	133.40	.50
DIALYSIS	12	22	2,658.26	120.83	.004	221.52	.50
PATHOLOGY	105	288	2,975.01	10.33	.054	28.33	.56
RADIOLOGY	304	537	16,494.24	30.72	.101	54.26	3.09
PSYCHIATRY	1	1	34.16	34.16	.000	34.16	.01
IMMUNIZATION AND INJECTION	43	68	2,919.72	42.94	.013	67.90	.55
OTHER SERVICES/ALL X-OVERS	603	2,053	32,789.46	15.97	.385	54.38	6.14
@PHARMACY	3 , 459	33,493 \$		\$ 46.97	6.277		
PRESCRIPTION DRUGS	3,432	15,897	1,537,088.87	96.69	2.979	447.87	288.06
SNF/ICF	3,432	266	21,810.53	81.99	.050	573.96	4.09
OUTPATIENTS	3 , 396	15,631	1,515,278.34	96.94	2.929	446.20	283.97
MEDICAL SUPPLIES	270	17,596	36,128.50	2.05	3.298	133.81	6.77
@DENTIST	268	1,254 \$	·		.235		
-	169	756	10,705.00	14.16	.142	63.34	2.01
VISITS - DIAGNOSTIC	39	169	·				1.96
ORAL SURGERY	39		10,446.00	61.81	.032	267.85	
DRUGS	3	4	60.00	15.00	.001	20.00	.01
ANESTHESIA	19	3	380.00	126.67	.001	126.67	.07
PERIODONTICS		24	4,110.00	171.25	.004	216.32	.77
ENDODONTICS	24	32	7,947.00	248.34	.006	331.13	1.49
RESTORATIVE DENTISTRY	68	203	17,065.00	84.06	.038	250.96	3.20
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	33	60	9,982.00	166.37	.011	302.48	1.87
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	3	3	538.17	179.39	.001	179.39	.10
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT R	REPORT FOR JAN	2002 THRU D	EC 2002	PAGE 618
MOP024	FEE-FOR-SERVICE	,					01/17/03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR CASH GRAN	T - DISABLED	AID CODE			
						NTHLY AVERA	
5,336 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
_		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	186	452 \$	•	\$ 20.79	.085	\$ 50.52	
DIAGNOSTIC AND ANC. PROCED	103	103	3,512.86	34.11	.019	34.11	.66
EYE APPLIANCES	116	317	5,183.58	16.35	.059	44.69	.97
OTHER OPTOMETRIC SERVICES	27	32	700.63	21.89	.006	25.95	.13
@CHIROPRACTOR	22	33 \$.006	•	
VISITS	18	25	413.82	16.55	.005	22.99	.08

OTHER SERVICES	4	8	130.46	16.31	.001	32.62	.02
@PODIATRIST	26	38	\$ 1,156.71	\$ 30.44	.007	\$ 44.49	\$.22
MEDICINE/INJECTIONS	16	19	613.80	32.31	.004	38.36	.12
SURGERY/ANES.	1	2	47.02	23.51	.000	47.02	.01
RADIO./PATHOLOGY	2	3	51.90	17.30	.001	25.95	.01
OTHER	9	14	443.99	31.71	.003	49.33	.08
@HOME HEALTH AGENCY	16	196	\$ 7,944.65	\$ 40.53	.037	\$ 496.54	\$ 1.49
NURSE ANESTHESIST	3	42	\$ 96.74	\$ 2.30	.008	\$ 32.25	\$.02
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	970	6 , 963	\$ 549,451.93	\$ 78.91	1.305	\$ 566.45	\$ 102.97
HOSP INPATIENT TOTAL	83	382	362,441.28	948.80	.072	4366.76	67.92
HSC HOSPITALS	20	80	88,495.03	1106.19	.015	4424.75	16.58
NON-HSC HOSPITAL TOTAL	34	129	251,282.94	1947.93	.024	7390.67	47.09
ACCOMMODATIONS	34	129	70,670.31	547.83	.024	2078.54	13.24
ADMINISTRATIVE DAYS	0	0	3.03	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	100.68	.00	.000	.00	.02
ALL OTHER ACCOM	34	129	70,566.60	547.03	.024	2075.49	13.22
ANCILLARIES	34	0	180,612.63	.00	.000	5312.14	33.85
INPATIENT CROSSOVERS	30	173	22,663.31	131.00	.032	755.44	4.25
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	924	6,581	187,010.65	28.42	1.233	202.39	35.05
MEDICAL	281	418	26,123.43	62.50	.078	92.97	4.90
SURGERY	45	47	2,782.50	59.20	.009	61.83	.52
PATHOLOGY	454	2,422	29 , 055.08	12.00	.454	64.00	5.45
RADIOLOGY	292	472	52,223.94	110.64	.088	178.85	9.79
ROOM USE	432	641	28,103.85	43.84	.120	65.06	5.27
CROSSOVERS/ALL OTH OUTPTNT	324	2,581	48,721.85	18.88	.484	150.38	9.13
@COUNTY HOSPITAL TOTAL	28	167	\$ 10,002.65	\$ 59.90	.031	\$ 357.24	\$ 1.87
CO HOSPITAL INPATIENT TOTAL	1	5	4,575.00	915.00	.001	4575.00	.86
HSC HOSPITALS	1	5	4,575.00	915.00	.001	4575.00	.86

NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00	
ANCILLARIES	0	0		.00		.00	.000		.00		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00	
CO HOSP OUTPATIENT TOTAL	27	162		5,427.65		33.50	.030		201.02		1.02	
MEDICAL	13	22		1,330.45		60.48	.004		102.34		.25	
SURGERY	2	2		134.95		67.48	.000		67.48		.03	
PATHOLOGY	22	69		738.59		10.70	.013		33.57		.14	
RADIOLOGY	12	18		1,223.07		67.95	.003		101.92		.23	
ROOM USE	17	27		1,173.55		43.46	.005		69.03		.22	
CROSSOVERS/ALL OTH OUTPTNT	= :	24		827.04		34.46	.004		91.89		.15	
#CALIF DEPT OF HEALTH SERV			OF C	MONTH-OF-PAYMENT R	FDOD					Е	AGE 619	
MOP024	FEE-FOR-SERVICE		\E3	MONIII OF FAIMENT IN	EF OI	I FOR UAN 2	2002 IIINO D	ی ن	2002	Г	01/17/03	
AMADOR COUNTY		ICES FOR CASH GE	דיזו גי	- DICARIED		AID CODE	60				01/1//03	
APIADON COUNTI	SOMMANI OF SERVE	ICES FOR CASH GI	/WIN T	DISABLED		AID CODE	MO	מידנ	ITV AUEDA	CF		
5,336 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	7\ 7.7.17	DACE COCH	UNITS/DAYS				COST PER	
J, JJO ELIGIBLES	OSEKS	OR DAYS OF CARE		EVERNDIIOVES		R UNIT/DAY			USER		ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	951	6,796	Ś	539,449.28	\$	- '	1.274	ċ			101.10	
COMM HOSP INPATIENT TOTAL	82	377	۲	357,866.28	Ą	949.25	.071		4364.22	۲	67.07	
HSC HOSPITALS	19	75		83,920.03		1118.93	.014		4416.84		15.73	
NON-HSC HOSPITALS TOTAL	34	129		251,282.94		1947.93	.024		7390.67		47.09	
ACCOMMODATIONS	34	129		70,670.31		547.83	.024		2078.54		13.24	
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	129		3.03		.00	.024		.00		.00	
	0	0				.00						
TRANSITIONAL IP CARE	34	129		100.68			.000		.00		.02	
ALL OTHER ACCOM	34	129		70,566.60		547.03	.024		2075.49 5312.14		13.22 33.85	
ANCILLARIES	34	•		180,612.63		.00	.000					
INPATIENT CROSSOVERS	0	173		22,663.31		131.00	.032		755.44		4.25	
ALL OTHER INPATIENT	•	0		.00		.00	.000		.00		.00	
COMM HOSP OUTPATIENT TOTAL	906	6,419		181,583.00		28.29	1.203		200.42		34.03	
MEDICAL	269	396		24,792.98		62.61	.074		92.17		4.65	
SURGERY	43	45		2,647.55		58.83	.008		61.57		.50	
PATHOLOGY	437	2,353		28,316.49		12.03	.441		64.80		5.31	
RADIOLOGY	283	454		51,000.87		112.34	.085		180.22		9.56	
ROOM USE	417	614		26,930.30		43.86	.115		64.58		5.05	
CROSSOVERS/ALL OTH OUTPTNT		2,557		47,894.81		18.73	.479		151.57		8.98	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00	
MENTALLY ILL	0	0		.00		.00	.000		.00		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00	
@NURSING FACILITY	27	799	\$	92,207.20	\$	115.40		Ş		\$	17.28	
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
TEV D DECLITAD	27	700		02 207 20		115 40	1 = 0		2/15 00		17 20	

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

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@REHABILITATION FACILITY 0 0 \$ 10.53 \$.00 .000 \$.00) ()
HOSPITAL BASED 0 0 10.53 .00 .000 .00 .00	
INDEPENDENT FACILITY 0 0 .00 .00 .00 .00 .00 .00	0 (
@LABORATORY FACILITY 184 668 \$ 8,530.61 \$ 12.77 .125 \$ 46.36 \$ 1.6	0 (
PATHOLOGY 176 659 8,351.04 12.67 .124 47.45 1.5	57
XO AND OTHERS 8 9 179.57 19.95 .002 22.45 .0	
@ORGANIZED OUTPATIENT CLINIC 916 1,537 \$ 162,185.78 \$ 105.52 .288 \$ 177.06 \$ 30.3	
CLINIC 1 5 62.00 12.40 .001 62.00 .0	
SURGICENTER 6 41 1,682.31 41.03 .008 280.39 .3	
HEROIN DETOX CLINIC 1 13 157.94 12.15 .002 157.94 .0	
RURAL HEALTH CLINIC 910 1,478 160,283.53 108.45 .277 176.14 30.0	
	620
MOP024 FEE-FOR-SERVICE/DENTAL 01/17	/03
AMADOR COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60	
MONTHLY AVERAGE	
5,336 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PE	l'R
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBI	ĿΕ
ANII OTUUD DDONITOUDS 715 78 867 \$ 215 078 72 \$ 2.73 14 780 \$ 300 81 \$ 40 3	31
DURABLE MED. EQUIP. 69 275 48,841.55 177.61 .052 707.85 9.1 BLOOD BANK 1 20 306.00 15.30 .004 306.00 .0 HEARING AID DISPENSERS 4 5 2,237.65 447.53 .001 559.41 .4 MEDICAL TRANSPORTATION 128 9,055 31,816.33 3.51 1.697 248.57 5.9	. 5
BLOOD BANK 1 20 306.00 15.30 .004 306.00 .0	16
HEARING AID DISPENSERS 4 5 2,237.65 447.53 .001 559.41 .4	
MEDICAL TRANSPORTATION 128 9,055 31,816.33 3.51 1.697 248.57 5.9	
AMBULANCES/AIR TRANS 54 969 11,143.75 11.50 .182 206.37 2.0	
OTHER TRANS 23 6,792 15,708.65 2.31 1.273 682.98 2.9	
ACUPUNCTURE 0 0 .00 .00 .00 .00 .00 .00	
ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00 .00	
GENETIC DISEASE TESTING 1 1 105.00 105.00 .000 105.00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 40 2,148 66,844.48 31.12 .403 1671.11 12.5 OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00 .00 .00 OPTICIAN 113 248 2,766.82 11.16 .046 24.49 .5	
IHMC, MODEL-NF, NF, AIDS, MSSP 40 2,148 66,844.48 31.12 .403 1671.11 12.5	3
OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00 .00 .00) ()
OPTICIAN 113 248 2,766.82 11.16 .046 24.49 .5	52
PHYSICAL THERAPIST 0 0 .00 .00 .00 .00 .00 .00) ()
PORTABLE X-RAY 1 2 59.36 29.68 .000 59.36 .0)1
PROSTHETIST/ORTHOTISTS 13 26 5,689.61 218.83 .005 437.66 1.0)7
PROSTHETICS 7 19 5,263.43 277.02 .004 751.92 .9	
ORTHOTICS 6 7 426.18 60.88 .001 71.03 .0	
PSYCHOLOGIST 0 0 .00 .00 .00 .00 .00 .00	
SPEECH AND AUDIOLOGY 22 70 2,963.01 42.33 .013 134.68 .5	
HOSPICE SERVICES 2 8 884.48 110.56 .001 442.24 .1	
NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 .00 .00	
10111101 211111110 02112110	
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00 .00	
RESPIRATORY CARE PRACT. 1 1 29.48 29.48 .000 29.48 .0	
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00	
ALL OTHER PROVIDERS 310 62,533 32,945.50 .53 11.719 106.28 6.1	
@CALIF. CHILDREN SERVICES* 62 4,029 \$ 64,857.38 \$ 16.10 .755 \$ 1046.09 \$ 12.1	
@XOVER EXCLUDING STATE HOSP** 690 10,298 \$ 81,287.05 \$ 7.89 1.930 \$ 117.81 \$ 15.2	23
0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;	

----- MONTHLY AVERAGE -----6,911 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 621 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G AMADOR COUNTY

OTTAL, ALL PROVIDERS 3,697 20,896 \$ 975,104.47 \$ 46.66 3.024 \$ 263.76 \$ 141.09 ### OTTAL VISITS 996 2,976 \$ 107,239.96 \$ 36.03 .431 \$ 107.67 \$ 15.52 ** OUTPATIENT VISITS 627 873 32,034.40 36.69 .126 51.09 4.64 ** OFFICE VISITS 525 689 22,618.58 32.83 .100 43.08 3.27 ** HOME VISITS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0
OUTPATIENT VISITS 627 873 32,034.40 36.69 .126 51.09 4.64 OFFICE VISITS 525 689 22,618.58 32.83 .100 43.08 3.27 HOME VISITS 0 0 .00 .00 .00 .00 .00 EMERGENCY ROOM 57 60 2,389.99 39.83 .009 41.93 .35 PREVENTIVE CARE 1 1 65.78 65.78 .000 65.78 .01 OB VISITS/COMPRE PERI 39 106 6,475.11 61.09 .015 166.03 .94 OTHER OUTPATIENT 17 17 484.94 28.53 .002 28.53 .07 INPATIENT VISITS 46 106 6,174.04 58.25 .015 134.22 .89 HOSPITAL VISITS 44 86 4,202.59 48.87 .012 95.51 .61 CRITICAL CARE 2 19 1,943.95 102.31 .003 971.98 <t< td=""></t<>
OFFICE VISITS 525 689 22,618.58 32.83 .100 43.08 3.27 HOME VISITS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
HOME VISITS 0 0 0 0 .00 .00 .000 .000 .00 .000 EMERGENCY ROOM 57 60 2,389.99 39.83 .009 41.93 .35 PREVENTIVE CARE 1 1 1 65.78 65.78 .000 65.78 .01 OB VISITS/COMPRE PERI 39 106 6,475.11 61.09 .015 166.03 .94 OTHER OUTPATIENT 17 17 484.94 28.53 .002 28.53 .07 INPATIENT VISITS 46 106 6,174.04 58.25 .015 134.22 .89 HOSPITAL VISITS 44 86 4,202.59 48.87 .012 95.51 .61 CRITICAL CARE 2 19 1,943.95 102.31 .003 971.98 .28 SNF/ICF/TRANS IP CARE 1 1 1 27.50 27.50 .000 27.50 .00 OPHTHALMOLOGICAL SERVICES 5 6 317.58 52.93 .001 63.52 .05 EXAMINATIONS 5 6 317.58 52.93 .001 63.52 .05
EMERGENCY ROOM 57 60 2,389.99 39.83 .009 41.93 .35 PREVENTIVE CARE 1 1 65.78 65.78 .000 65.78 .01 OB VISITS/COMPRE PERI 39 106 6,475.11 61.09 .015 166.03 .94 OTHER OUTPATIENT 17 17 484.94 28.53 .002 28.53 .07 INPATIENT VISITS 46 106 6,174.04 58.25 .015 134.22 .89 HOSPITAL VISITS 44 86 4,202.59 48.87 .012 95.51 .61 CRITICAL CARE 2 19 1,943.95 102.31 .003 971.98 .28 SNF/ICF/TRANS IP CARE 1 1 1 27.50 27.50 .000 27.50 .00 OPHTHALMOLOGICAL SERVICES 5 6 317.58 52.93 .001 63.52 .05 EXAMINATIONS 5 6 317.58 52.93 .001 63.52 .05
PREVENTIVE CARE 1 1 65.78 65.78 .000 65.78 .01 OB VISITS/COMPRE PERI 39 106 6,475.11 61.09 .015 166.03 .94 OTHER OUTPATIENT 17 17 484.94 28.53 .002 28.53 .07 INPATIENT VISITS 46 106 6,174.04 58.25 .015 134.22 .89 HOSPITAL VISITS 44 86 4,202.59 48.87 .012 95.51 .61 CRITICAL CARE 2 19 1,943.95 102.31 .003 971.98 .28 SNF/ICF/TRANS IP CARE 1 1 27.50 27.50 .000 27.50 .00 OPHTHALMOLOGICAL SERVICES 5 6 317.58 52.93 .001 63.52 .05 EXAMINATIONS 5 6 317.58 52.93 .001 63.52 .05
OB VISITS/COMPRE PERI 39 106 6,475.11 61.09 .015 166.03 .94 OTHER OUTPATIENT 17 17 484.94 28.53 .002 28.53 .07 INPATIENT VISITS 46 106 6,174.04 58.25 .015 134.22 .89 HOSPITAL VISITS 44 86 4,202.59 48.87 .012 95.51 .61 CRITICAL CARE 2 19 1,943.95 102.31 .003 971.98 .28 SNF/ICF/TRANS IP CARE 1 1 1 27.50 27.50 .000 27.50 .00 OPHTHALMOLOGICAL SERVICES 5 6 317.58 52.93 .001 63.52 .05 EXAMINATIONS 5 6 317.58 52.93 .001 63.52 .05
OTHER OUTPATIENT 17 17 484.94 28.53 .002 28.53 .07 INPATIENT VISITS 46 106 6,174.04 58.25 .015 134.22 .89 HOSPITAL VISITS 44 86 4,202.59 48.87 .012 95.51 .61 CRITICAL CARE 2 19 1,943.95 102.31 .003 971.98 .28 SNF/ICF/TRANS IP CARE 1 1 1 27.50 27.50 .000 27.50 .00 OPHTHALMOLOGICAL SERVICES 5 6 317.58 52.93 .001 63.52 .05 EXAMINATIONS 5 6 317.58 52.93 .001 63.52 .05
INPATIENT VISITS 46 106 6,174.04 58.25 .015 134.22 .89 HOSPITAL VISITS 44 86 4,202.59 48.87 .012 95.51 .61 CRITICAL CARE 2 19 1,943.95 102.31 .003 971.98 .28 SNF/ICF/TRANS IP CARE 1 1 1 27.50 27.50 .000 27.50 .00 OPHTHALMOLOGICAL SERVICES 5 6 317.58 52.93 .001 63.52 .05 EXAMINATIONS 5 6 317.58 52.93 .001 63.52 .05
HOSPITAL VISITS 44 86 4,202.59 48.87 .012 95.51 .61 CRITICAL CARE 2 19 1,943.95 102.31 .003 971.98 .28 SNF/ICF/TRANS IP CARE 1 1 27.50 27.50 .000 27.50 .00 OPHTHALMOLOGICAL SERVICES 5 6 317.58 52.93 .001 63.52 .05 EXAMINATIONS 5 6 317.58 52.93 .001 63.52 .05
CRITICAL CARE 2 19 1,943.95 102.31 .003 971.98 .28 SNF/ICF/TRANS IP CARE 1 1 27.50 27.50 .000 27.50 .00 OPHTHALMOLOGICAL SERVICES 5 6 317.58 52.93 .001 63.52 .05 EXAMINATIONS 5 6 317.58 52.93 .001 63.52 .05
SNF/ICF/TRANS IP CARE 1 1 27.50 27.50 .000 27.50 .00 OPHTHALMOLOGICAL SERVICES 5 6 317.58 52.93 .001 63.52 .05 EXAMINATIONS 5 6 317.58 52.93 .001 63.52 .05
OPHTHALMOLOGICAL SERVICES 5 6 317.58 52.93 .001 63.52 .05 EXAMINATIONS 5 6 317.58 52.93 .001 63.52 .05
EXAMINATIONS 5 6 317.58 52.93 .001 63.52 .05
SERVICES AND MATERIAIS 0 0 0 00 00 00 00
INPATIENT HOSPITAL SURGERY 51 605 25,760.99 42.58 .088 505.12 3.73
PRINCIPAL SURGEON 30 32 18,481.05 577.53 .005 616.04 2.67
ASSISTANT SURGEON 7 8 1,063.05 132.88 .001 151.86 .15
ANESTHESIOLOGIST 29 565 6,216.89 11.00 .082 214.38 .90
OUTPATIENT SURGERY 105 329 19,145.19 58.19 .048 182.34 2.77
PRINCIPAL SURGEON 75 88 13,335.67 151.54 .013 177.81 1.93
ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00
ANESTHESIOLOGIST 46 241 5,809.52 24.11 .035 126.29 .84
DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00
PATHOLOGY 96 129 2,273.92 17.63 .019 23.69 .33
RADIOLOGY 279 409 10,529.65 25.74 .059 37.74 1.52
PSYCHIATRY 2 2 96.51 48.26 .000 48.26 .01
@PHARMACY 1,992 7,165 \$ 228,361.09 \$ 31.87 1.037 \$ 114.64 \$ 33.04
PRESCRIPTION DRUGS 1,973 4,959 224,065.33 45.18 .718 113.57 32.42
SNF/ICF 0 0 .00 .00 .00 .00 .00
OUTPATIENTS 1,973 4,959 224,065.33 45.18 .718 113.57 32.42
MEDICAL SUPPLIES 63 2,206 4,295.76 1.95 .319 68.19 .62
QDENTIST 308 1,650 \$ 65,074.69 \$ 39.44 .239 \$ 211.28 \$ 9.42
VISITS - DIAGNOSTIC 215 946 14,944.10 15.80 .137 69.51 2.16
ORAL SURGERY 39 102 5,746.00 56.33 .015 147.33 .83
DRUGS 5 5 60.00 12.00 .001 12.00 .01
ANESTHESIA 4 400.00 100.00 .001 100.00 .06
PERIODONTICS 10 1,365.00 136.50 .001 136.50 .20
ENDODONTICS 36 90 10,535.00 117.06 .013 292.64 1.52
RESTORATIVE DENTISTRY 127 466 29,001.50 62.23 .067 228.36 4.20
PROSTHETICS 1 1 30.00 30.00 .000 30.00 .00
DENTURES, STAYPLATES 5 13 1,545.00 118.85 .002 309.00 .22
SPACE MAINTAINERS 3 342.00 114.00 .000 114.00 .05
MAXILLOFACIAL SERVICES 2 2 176.09 88.05 .000 88.05 .03
FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES 5 7 930.00 132.86 .001 186.00 .13
ALL OTHER SERVICES 1 1 1 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 622
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
AMADOR COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

6,911 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST	98	248	\$	6 , 196.70	\$	24.99	.036 \$	63.23	\$.90
DIAGNOSTIC AND ANC. PROCED	77	77		3,606.20		46.83	.011	46.83		.52
EYE APPLIANCES	54	159		2,324.23		14.62	.023	43.04		.34
OTHER OPTOMETRIC SERVICES	10	12		266.27		22.19	.002	26.63		.04
	11	15	ċ	221.54	\$				ċ	.03
@CHIROPRACTOR			\$		Ş	14.77	.002 \$		P	
VISITS	11	15		221.54		14.77	.002	20.14		.03
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	4	4	\$	148.80	\$	37.20	.001 \$	37.20	\$.02
MEDICINE/INJECTIONS	4	4		148.80		37.20	.001	37.20		.02
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
	0	0								
OTHER			_	.00	_	.00	.000	.00	_	.00
@HOME HEALTH AGENCY	3	9	\$	550.51	\$	61.17	.001 \$		\$.08
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	1,144	4,329	Ś	362,035.87	\$.626 \$			52.39
	52	184	Y		Y			4462.01	Y	33.57
HOSP INPATIENT TOTAL				232,024.57		1261.00	.027			
HSC HOSPITALS	17	59		74,268.57		1258.79	.009	4368.74		10.75
NON-HSC HOSPITAL TOTAL	36	125		157,756.00		1262.05	.018	4382.11		22.83
ACCOMMODATIONS	36	125		53,064.32		424.51	.018	1474.01		7.68
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	36	125		53,064.32		424.51	.018	1474.01		7.68
ANCILLARIES	36	0		104,691.68		.00	.000	2908.10		15.15
	0	0		•						.00
INPATIENT CROSSOVERS				.00		.00	.000	.00		
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	1,118	4,145		130,011.30		31.37	.600	116.29		18.81
MEDICAL	622	804		39,071.51		48.60	.116	62.82		5.65
SURGERY	34	36		3,140.16		87.23	.005	92.36		.45
PATHOLOGY	423	1,458		18,327.68		12.57	.211	43.33		2.65
RADIOLOGY	265	375		22,485.09		59.96	.054	84.85		3.25
ROOM USE	660	876		37,360.09		42.65	.127	56.61		5.41
CROSSOVERS/ALL OTH OUTPTNT	314	596		9,626.77		16.15	.086	30.66		1.39
			ċ	•	Ċ				Ċ	
@COUNTY HOSPITAL TOTAL	12	40	\$	5,038.92	Ş	125.97	.006 \$		Ş	.73
CO HOSPITAL INPATIENT TOTAL		3		3,144.02		1048.01	.000	3144.02		.45
HSC HOSPITALS	1	3		3,144.02		1048.01	.000	3144.02		.45
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	Ö		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
	0	0								
INPATIENT CROSSOVERS		-		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	11	37		1,894.90		51.21	.005	172.26		.27
MEDICAL	6	6		328.27		54.71	.001	54.71		.05
SURGERY	1	1		165.37		165.37	.000	165.37		.02
PATHOLOGY	_ 3	7		108.62		15.52	.001	36.21		.02
RADIOLOGY	3	3		502.51		167.50	.000	167.50		.07
ROOM USE	9	13		696.65		53.59	.002	77.41		.10
	9									
CROSSOVERS/ALL OTH OUTPTNT		7		93.48		13.35	.001	18.70	_	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES I	MONTH-OF-PAYMENT RI	EPOR	T FOR JAN 2	2002 THRU DE	C 2002	PP	AGE 623
MOP024	FEE-FOR-SERVICE/DENTA	_								01/17/03
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SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

AMADOR COUNTY

6,911 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	 COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,137	4,289	\$	356,996.95	\$ 83.24	.621	\$ 313.98	\$ 51.66
COMM HOSP INPATIENT TOTAL	51	181		228,880.55	1264.53	.026	4487.85	33.12
HSC HOSPITALS	16	56		71,124.55	1270.08	.008	4445.28	10.29
NON-HSC HOSPITALS TOTAL	36	125		157,756.00	1262.05	.018	4382.11	22.83
ACCOMMODATIONS	36	125		53,064.32	424.51	.018	1474.01	7.68
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	36	125		53,064.32	424.51	.018	1474.01	7.68
ANCILLARIES	36	0		104,691.68	.00	.000	2908.10	15.15
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,112	4,108		128,116.40	31.19	.594	115.21	18.54
MEDICAL	617	798		38,743.24	48.55	.115	62.79	5.61
SURGERY	33	35		2 , 974.79	84.99	.005	90.15	.43
PATHOLOGY	420	1,451		18,219.06	12.56	.210	43.38	2.64
RADIOLOGY	263	372		21,982.58	59.09	.054	83.58	3.18
ROOM USE	653	863		36,663.44	42.48	.125	56.15	5.31
CROSSOVERS/ALL OTH OUTPTNT	310	589		9,533.29	16.19	.085	30.75	1.38
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

----- MONTHLY AVERAGE -----

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	6	23	\$	515.87	\$	22.43	.003	\$	85.98	\$.07
HOSPITAL BASED	5	21		494.67		23.56	.003		98.93		.07
INDEPENDENT FACILITY	1	2		21.20		10.60	.000		21.20		.00
@LABORATORY FACILITY	154	367	\$	6 , 774.95	\$	18.46	.053	\$	43.99	\$.98
PATHOLOGY	154	367		6 , 774.95		18.46	.053		43.99		.98
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	890	1,381	\$	171,064.45	\$	123.87	.200	\$	192.21	\$	24.75
CLINIC	15	58		824.53		14.22	.008		54.97		.12
SURGICENTER	12	93		•		32.14	.013				.43
HEROIN DETOX CLINIC	1	9		83.55		9.28	.001		83.55		.01
RURAL HEALTH CLINIC	865	1,221		167,167.05		136.91	.177		193.26		24.19
#CALIF DEPT OF HEALTH SERV			JRES	MONTH-OF-PAYMENT R	EPOR'	FOR JAN	2002 THRU	DEC	2002	Pλ	AGE 624
MOP024	FEE-FOR-SERVICE/DE										01/17/03
HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	154 0 890 15 12 1 865 MEDI-CAL SERVICES	21 2 367 367 0 1,381 58 93 9 1,221 AND EXPENDITU		.00 .00 515.87 494.67 21.20 6,774.95 6,774.95 .00 171,064.45 824.53 2,989.32 83.55 167,167.05	\$ \$ EPOR1	.00 .00 22.43 23.56 10.60 18.46 .00 123.87 14.22 32.14 9.28 136.91 FOR JAN	.000 .000 .003 .003 .000 .053 .053 .000 .200 .008 .013 .001 .177	\$ \$.00 .00 85.98 98.93 21.20 43.99 43.99 .00 192.21 54.97 249.11 83.55 193.26	\$	24.7 24.7

AMADOR COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

THE BOTT COONTY	DOILING OF DER	1010 1010 001 00	, 55 .		0 12 311 311	31 310 30) JN 10	MC	NTHLY AVER	AGE.	
6,911 ELIGIBLES	USERS	UNITS OF SERVIC	E	ΕX	YPENDITURES	AVERAG	E COST	UNITS/DAYS		-	COST PER
7,722		OR DAYS OF CAR					IIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	474	2,729	\$		26,920.04	\$	9.86	.395			3.90
DURABLE MED. EQUIP.	8	. 8			1,183.05	14	17.88	.001	147.88		.17
BLOOD BANK	0	0			.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	42	791			10,063.78	1	2.72	.114	239.61		1.46
AMBULANCES/AIR TRANS	42	790			8,788.78	1	1.13	.114	209.26		1.27
OTHER TRANS	0	0			.00		.00	.000	.00		.00
OTHER SERVICES	1	1			1,275.00	127	75.00	.000	1275.00		.18
ACUPUNCTURE	0	0			.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	15	15			971.00	6	54.73	.002	64.73		.14
IHMC, MODEL-NF, NF, AIDS, MSSP	1	2			90.86	4	15.43	.000	90.86		.01
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000	.00		.00
OPTICIAN	60	131			1,216.14		9.28	.019	20.27		.18
PHYSICAL THERAPIST	0	0			.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0			.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	3	3			207.66	6	59.22	.000	69.22		.03
PROSTHETICS	0	0			.00		.00	.000	.00		.00
ORTHOTICS	3	3			207.66	6	59.22	.000	69.22		.03
PSYCHOLOGIST	1	9			550.79	6	51.20	.001	550.79		.08
SPEECH AND AUDIOLOGY	1	3			225.19	7	75.06	.000	225.19		.03
HOSPICE SERVICES	0	0			.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	353	1,367			12,189.57		8.92	.198	34.53		1.76
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	2	400			222.00		.56	.058	111.00		.03
@CALIF. CHILDREN SERVICES*	28	100	\$		- ,	\$ 31	7.85	.014	\$ 1135.16	\$	4.60
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
O + MOMATO TAL MUDOD TIMEO ADD		DAME TAIRODAGA ESTANT									

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 625 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

----- MONTHLY AVERAGE -----

AMADOR COUNTY SUMMARY OF SERVICES FOR CASH GRANT

					MON'I		GE
13,456 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	8,760	174 , 929 \$, ,	\$ 24.28	13.000 \$	484.76	
@PHYSICIANS SERVICES	2,567	8 , 633 \$		\$ 28.81	.642 \$	96.87	
OUTPATIENT VISITS	1,261	1,834	63,258.45	34.49	.136	50.17	4.70
01110E V10110	± , 0 , 0	1,503	48,372.23	32.18	.112	44.87	3.59
HOME VISITS	7	7	309.30	44.19	.001	44.19	.02
EMERGENCY ROOM	101	123	5,708.34	46.41	.009	56.52	.42
PREVENTIVE CARE	1	1	65.78	65.78	.000	65.78	.00
OB VISITS/COMPRE PERI	40	107	6,576.16	61.46	.008	164.40	.49
OTHER OUTPATIENT	80	93	2,226.64	23.94	.007	27.83	.17
INPATIENT VISITS	122	361	18,913.73	52.39	.027	155.03	1.41
HOSPITAL VISITS	105	298	13,956.89	46.84	.022	132.92	1.04
CRITICAL CARE	11	38	4,352.03	114.53	.003	395.64	.32
SNF/ICF/TRANS IP CARE	16	25	604.81	24.19	.002	37.80	.04
OPHTHALMOLOGICAL SERVICES	15	17	801.13	47.13	.001	53.41	.06
EXAMINATIONS	15	17	801.13	47.13	.001	53.41	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	87	1,180	43,296.38	36.69	.088	497.66	3.22
PRINCIPAL SURGEON	49	59	30,889.47	523.55	.004	630.40	2.30
ASSISTANT SURGEON	10	12	2,023.21	168.60	.001	202.32	.15
ANESTHESIOLOGIST	47	1,109	10,383.70	9.36	.082	220.93	.77
OUTPATIENT SURGERY	208	546	34,185.75	62.61	.041	164.35	2.54
PRINCIPAL SURGEON	160	190	25,708.18	135.31	.014	160.68	1.91
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	66	356	8 , 477.57	23.81	.026	128.45	.63
DIALYSIS	12	22	2,658.26	120.83	.002	221.52	.20
PATHOLOGY	203	424	5,485.86	12.94	.032	27.02	.41
RADIOLOGY	589	957	27,314.95	28.54	.071	46.38	2.03
PSYCHIATRY	3	3	130.67	43.56	.000	43.56	.01
IMMUNIZATION AND INJECTION	65	114	3,788.34	33.23	.008	58.28	.28
OTHER SERVICES/ALL X-OVERS	930	3 , 175	48,840.49	15.38	.236	52.52	3.63
@PHARMACY	6 , 279	45,931 \$	1,983,643.57	\$ 43.19	3.413 \$		
PRESCRIPTION DRUGS	6,228	23,960	1,938,975.02	80.93	1.781	311.33	144.10
SNF/ICF	65	486	30,732.77	63.24	.036	472.81	2.28
OUTPATIENTS	6,167	23,474	1,908,242.25	81.29	1.745	309.43	141.81
MEDICAL SUPPLIES	388	21,971	44,668.55	2.03	1.633	115.13	3.32
Q DENIET CE	625	3,049 \$		\$ 45.12	.227 \$		
VISITS - DIAGNOSTIC	411	1,789	26,933.10	15.05	.133	65.53	2.00
	86	284	17,137.00	60.34	.021	199.27	1.27
ORAL SURGERY DRUGS	8	9	120.00	13.33	.001	15.00	.01
	8 7	7	780.00	111.43	.001		.01
ANESTHESIA	30	35		162.14		111.43	
PERIODONTICS	63	125	5,675.00	162.14	.003	189.17	.42 1.42
ENDODONTICS			19,172.00	153.38		304.32	
RESTORATIVE DENTISTRY	206	691	48,428.50	70.08	.051	235.09	3.60
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	49	91	17,297.00	190.08	.007	353.00	1.29
SPACE MAINTAINERS	3	3	342.00	114.00	.000	114.00	.03
MAXILLOFACIAL SERVICES	5	5	714.26	142.85	.000	142.85	.05
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	5	7	930.00	132.86	.001	186.00	.07
ALL OTHER SERVICES	2	2	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 626 MOP024

01/17/03

FEE-FOR-SERVICE/DENTAL AMADOR COUNTY SUMMARY OF SERVICES FOR CASH GRANT

AMADOR COUNTY	SUMMARY OF SERV	ICES FOR CASH GR	ANT								
							MC			GE.	
13,456 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		3			COST PER
0.0000000000000000000000000000000000000	250	OR DAYS OF CARE		10 000 16		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	350	834	\$	19,209.46	\$	23.03	.062	Ş	54.88	Ş	
DIAGNOSTIC AND ANC. PROCED	206	206		7,473.30		36.28	.015		36.28		.56
EYE APPLIANCES	203	565		10,341.02		18.30	.042		50.94		.77
OTHER OPTOMETRIC SERVICES	51	63	_	1,395.14	_	22.15	.005	_	27.36	_	.10
@CHIROPRACTOR	38	55	\$	860.12	\$	15.64	.004	Ş	22.63	Ş	.06
VISITS	29	40		635.36		15.88	.003		21.91		.05
OTHER SERVICES	9	15		224.76		14.98	.001		24.97		.02
@PODIATRIST	62	86	\$	1,990.60	\$	23.15	.006	Ş	32.11	\$.15
MEDICINE/INJECTIONS	20	23		762.60		33.16	.002		38.13		.06
SURGERY/ANES.	1	2		47.02		23.51	.000		47.02		.00
RADIO./PATHOLOGY	2	3		51.90		17.30	.000		25.95		.00
OTHER	41	58		1,129.08		19.47	.004		27.54		.08
@HOME HEALTH AGENCY	20	210	\$	8,869.46	\$	42.24		\$	443.47	\$.66
NURSE ANESTHESIST	4	43	\$	119.04	\$	2.77		\$	29.76	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	2,175	11,493	\$		\$	84.03	.854	\$	444.05	\$	71.77
HOSP INPATIENT TOTAL	154	654		645,249.20		986.62	.049		4189.93		47.95
HSC HOSPITALS	42	183		202,480.31		1106.45	.014		4820.96		15.05
NON-HSC HOSPITAL TOTAL	70	254		409,445.18		1611.99	.019		5849.22		30.43
ACCOMMODATIONS	70	254		124,140.75		488.74	.019		1773.44		9.23
ADMINISTRATIVE DAYS	0	0		6.69		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		503.14		.00	.000		.00		.04
ALL OTHER ACCOM	70	254		123,630.92		486.74	.019		1766.16		9.19
ANCILLARIES	70	0		285,304.43		.00	.000		4075.78		21.20
INPATIENT CROSSOVERS	44	217		33,323.45		153.56	.016		757.35		2.48
ALL OTHER INPATIENT	0	0		.26		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2 , 087	10,839		320,555.03		29.57	.806		153.60		23.82
MEDICAL	909	1,228		65,709.09		53.51	.091		72.29		4.88
SURGERY	79	83		5,922.66		71.36	.006		74.97		. 44
PATHOLOGY	881	3 , 889		47,524.68		12.22	.289		53.94		3.53
RADIOLOGY	561	852		75 , 017.51		88.05	.063		133.72		5.58
ROOM USE	1,097	1,523		65,708.39		43.14	.113		59.90		4.88
CROSSOVERS/ALL OTH OUTPTNT		3,264		60,672.70		18.59	.243		89.89		4.51
@COUNTY HOSPITAL TOTAL	40	207	\$	15,041.57	\$	72.66	.015	\$	376.04	\$	1.12
CO HOSPITAL INPATIENT TOTAL		8		7,719.02		964.88	.001		3859.51		.57
HSC HOSPITALS	2	8		7,719.02		964.88	.001		3859.51		.57
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	38	199		7,322.55		36.80	.015		192.70		.54
MEDICAL	19	28		1,658.72		59.24	.002		87.30		.12
SURGERY	3	3		300.32		100.11	.000		100.11		.02
PATHOLOGY	25	76		847.21		11.15	.006		33.89		.06

RADIOLOGY			15	21	1,725.58	82.17	.002	115.04		.13
ROOM USE			26	40	1,870.20	46.76	.003	71.93		.14
CROSSOVERS/ALL OTH O	UTPTNT		14	31	920.52	29.69	.002	65.75		.07
#CALIF DEPT OF HEALTH S	ERV	MEDI-CAL	SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	1 2002 THRU 1	DEC 2002	PAGE	627
MOP024		FEE-FOR-S	SERVICE/DE	ENTAL					01/	17/03

AMADOR COUNTY	SUMMARY OF SERVI	CES FOR CASH GRANT						01/1//05
THILDOR COONTI	DOMINICI OF BERVE	CED TOR CION GRANT			MONT	THIV AWERAC	2F	
13,456 ELIGIBLES	IICERC	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	IINITHO / DAVO			ST PER
	OSERS	OR DAYS OF CARE	EXTENDITORES	PER UNIT/DAY	DER FLIC	USER		JIGIBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	2 149	11 286 \$	950 762 66	\$ 84 24	839 \$	442.42		
COMM HOSP INPATTENT TOTAL	152	646	637 530 18	986 89	.048	4194.28	۲	47.38
HSC HOSPITALS	40	175	194 761 29	1112 92	.013	4869.03		14.47
NON-HEC HOSPITALS TOTAL	70	254	109 115 19	1611 00	010	5849 22		30.43
ACCOMMODATIONS	70	254	124 140 75	1011.99	019	5849.22 1773.44		9.23
ADMINITEDATIONS	, 0	254	6 69	00.74	.013	.00		.00
TDANGITIONAL TO CARE	0	0	503 14	.00	.000			.04
ALL OTHER ACCOM	7.0	254	123 630 92	186 71	010	1766.16		9.19
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	70	254	285 304 43	100.74	.000	4075.78		21.20
TNDATIENT CDOSCOVEDS	1.4	217	203,304.43	153 56	.016	757 25		2 40
ALL ORDER INDARTENT		217	33,323.43	133.30	.010	737.33		2.40
COMM HOCD OURDARTENE HORAT	3 063	10 640	212 222 40	20.44	701	151 02		22 20
MEDICAI	2,003	1 200	64 050 37	52.44	. / 91	71 01		4 76
CIDCEDA	76	1,200	5 622 34	70.20	.009	72.00		4.70
DATHOLOCA	7 O 9 G 1	2 013	16 677 17	10.20	202	73.90 54 21		2 47
PADIOLOGY	501	021	72 201 02	12.24	.203	122 26		5.47
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	1 075	OR DAYS OF CARE 11,286 \$ 646 175 254 254 0 0 217 0 10,640 1,200 80 3,813 831 1,483 3,233 0 \$ 0	/3,291.93 63 030 10	43.05	110	737.33 .00 151.83 71.81 73.98 54.21 133.26 59.38 90.12		171
CDOCCOVEDC / N.I. OHII OUHDHNIH	1,073	1,400	50,030.19 50,752.10	10 /0	.110	00 10		4.74
CROSSOVERS/ALL OID COIPINI	003	3,233	39,732.10	10.40	.240	.00	ċ	.00
@STATE HOSPITAL	0	0 3	.00	٠٠٠ ، ٠٠٠	.000	.00	Ş	.00
MENIALLI ILL	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	5.7	1 402 6	172 002 70	.00 c 122.46		3036.71	ċ	12.86
TEN A THE DMEDIATE	57	1,402 \$ 0 0 0 0 0 0 0 1,402 0 \$ 0 5	.00 .00 .00 173,092.70 .00 .00	7 123.40		.00		.00
LEV A-INIERMEDIALE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE PREESTANDING	0	0	.00	.00	.000	.00		.00
LEV D WDANCIMIONAL ID CADE	0	0	.00		.000	.00		
LEV D-IRANSIIIONAL IP CARE	5.7	1 403	.00 173,092.70	.00 123.46	104	3036.71		.00 12.86
LEV B-REGULAR	57	1,402	1/3,092.70				Ċ	.00
GINTERMEDIATE CARE FACILDD	0	0 Ş	.00	\$.00 .00	.000 \$.00	Ş	.00
ICF DDn	0	0	.00	.00		.00		.00
ICE DDN/DDCN	0	0			.000	.00		.00
AUTMODIALVETE TOTAL	35	212 \$	16 679 50	.00 ¢ 220 10		1333.67	Ċ	3.47
UOCDITALISIS IOIAL	11	0 0 212 \$ 153 59 23 \$ 21 2 1,039 \$.00 46,678.50 30,954.32 15.724.18	20.10	.010 \$	2814.03	۲	2.30
HEMODIAIVEIS CENTED	25	50	15,724.18	266.51		628.97		1.17
ADDUADITEDATION DACTITUS	25	23 \$	10,721.10	200.01		87.73	Ċ	.04
UCCDITAL DAGED	0	23 7	505 20	24.09	.002	101.04	۲	.04
TNDEDENDENT EXCTITUV	J 1	2 1	21 20	10 60	.002	21.20		.00
ALABODATODY FACILITY	3/12	1 030 \$	15 3/1/ 31	10.00 \$ 11.77	.077 \$		Ċ	1.14
DATHOLOCY	221	1,039	15,344.31	14.77	.076	45.73	Y	1.12
YO AND OTHERS	11	12	208 21	17 35	.001	18.93		.02
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	1 033	23 \$ 21 2 1,039 \$ 1,027 12 3,120 \$	208.21 339,851.11	\$ 108.03	.232 \$			25.26
CLINIC CLINIC	16	63	996 53	14.07	.005	55.41	Y	.07
SURGICENTER	10	135	4,859.55	36.00	.010	255.77		.36
HEROIN DETOX CLINIC	16 19 2 1,902	22	241.49	10.98	.010	120.75		.02
RURAL HEALTH CLINIC	1 002		333,863.54	115.13	.216	175.53		24.81
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	2,300 S AND EXPENDITIONS N	JJJ, JJJ. J4 MONTH-OF-DAVMENT DI				PAG	
#OUTIL DELI OL UDUTIU SEKA	HEDI CHI SEKVICE	O WWA EVERNATIONES I	MONTH OF FAIMENT RI	TONI TON UAIN .	COUZ INNO DEC	, 2002	rAC	UZO

AMADON COUNTI	SOMMANT OF SEN	VICES FOR CASH GRANT					
					MON	ITHLY AVERA	GE
13,456 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,463	98 , 798 \$	304,278.40	\$ 3.08	7.342 \$	207.98	\$ 22.61
DURABLE MED. EQUIP.	92	305	52 , 555.48	172.31	.023	571.26	3.91
BLOOD BANK	1	20	306.00	15.30	.001	306.00	.02
HEARING AID DISPENSERS	11	19	6,143.47	323.34	.001	558.50	.46
MEDICAL TRANSPORTATION	205	15,019	52 , 075.75	3.47	1.116	254.03	3.87
AMBULANCES/AIR TRANS	98	1,817	20,460.30	11.26	.135	208.78	1.52
OTHER TRANS	31	11,439	23,509.76	2.06	.850	758.38	1.75
OTHER SERVICES	88	1,763	8,105.69	4.60	.131	92.11	.60
ACUPUNCTURE	11	46	789.36	17.16	.003	71.76	.06
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	16	16	1,076.00	67.25	.001	67.25	.08
IHMC, MODEL-NF, NF, AIDS, MSSP	118	2,438	90,111.72	36.96	.181	763.66	6.70
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	201	447	4,786.04	10.71	.033	23.81	.36
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	59.36	29.68	.000	59.36	.00
PROSTHETIST/ORTHOTISTS	21	43	7,083.49	164.73	.003	337.31	.53
PROSTHETICS	12	33	6,449.65	195.44	.002	537.47	.48
ORTHOTICS	9	10	633.84	63.38	.001	70.43	.05
PSYCHOLOGIST	1	9	550.79	61.20	.001	550.79	.04
SPEECH AND AUDIOLOGY	25	76	4,566.17	60.08	.006	182.65	.34
HOSPICE SERVICES	5	43	4,858.34	112.98	.003	971.67	.36
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	444	5 , 989	32,424.27	5.41	.445	73.03	2.41
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	1	1	29.48	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	454	74,326	46,892.16	.63	5.524	103.29	3.48
@CALIF. CHILDREN SERVICES*	100	4,228	\$ 127,815.50	\$ 30.23	.314	\$ 1278.16	\$ 9.50
@XOVER EXCLUDING STATE HOSP**	1,081	12,052	\$ 129,139.96	\$ 10.72	.896	\$ 119.46	\$ 9.60

 $\ensuremath{\mathbb{Q}}^{\star}$ TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 629 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024	FEE-FOR-SERVIC	E/DENTAL										01/17/03
AMADOR COUNTY	SUMMARY OF SER	VICES FOR	185% PR	.OGRAM	- INFANTS	AID	CODES 47	69				
								MC	NTI	HLY AVERA	GΕ	
223 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	113		350	\$	22,624.46	\$	64.64	1.570		200.22	\$	101.45
@PHYSICIANS SERVICES	19		51	\$	1,182.92	\$	23.19	.229	\$	62.26	\$	5.30
OUTPATIENT VISITS	13		15		557.29		37.15	.067		42.87		2.50
OFFICE VISITS	9		11		380.51		34.59	.049		42.28		1.71
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1		1		68.35		68.35	.004		68.35		.31
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	3		3		108.43		36.14	.013		36.14		.49
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		8.94		.00	.000		.00		.04
PRINCIPAL SURGEON	0		0		8.94		.00	.000		.00		.04
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	1		1		9.22		9.22	.004		9.22		.04
RADIOLOGY	3		3		25.71		8.57	.013		8.57		.12
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1		1		55.00		55.00	.004		55.00		.25
OTHER SERVICES/ALL X-OVERS	5		31		526.76		16.99	.139		105.35		2.36
@PHARMACY	58		129	\$	13,470.59	\$	104.42	.578	\$	232.25	\$	60.41
PRESCRIPTION DRUGS	57		126		13,441.94		106.68	.565		235.82		60.28
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	57		126		13,441.94		106.68	.565		235.82		60.28
MEDICAL SUPPLIES	3		3		28.65		9.55	.013		9.55		.13
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00		.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	Ö		Ö		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
	ŭ		-		3 0 0							

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
		-					
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO	DNTH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 630
MOP024	FEE-FOR-SERVICE						01/17/03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	M - INFANTS	AID CODES 47			
					MON'	THLY AVERA	GE
223 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
	0	-					
OTHER OPTOMETRIC SERVICES	U	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	-					
OTHER	U	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	4 \$	254.71	\$ 63.68	.018 \$	127.36	\$ 1.14
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	64	139 \$	4,311.51	\$ 31.02	.623 \$	67.37	\$ 19.33
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0			.000		.00
HSC HOSPITALS	0		.00	.00		.00	
NON-HSC HOSPITAL TOTAL	U	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	64	•		31.02	.623	67.37	
	* -	139	4,311.51				19.33
MEDICAL	54	86	2,977.51	34.62	.386	55.14	13.35
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	15	183.67	12.24	.067	22.96	.82
RADIOLOGY	3	3	72.59	24.20	.013	24.20	.33
ROOM USE	25	27	888.57	32.91	.121	35.54	3.98
CROSSOVERS/ALL OTH OUTPINT	7	8	189.17	23.65	.036	27.02	.85
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	· ·					
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	Ü	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	-	-					

INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
	0		0							.00		.00
CROSSOVERS/ALL OTH OUTPINT	•	10 7110 011		DEG MONE	.00		.00	.000	2000		D 7	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		PENDITU.	RES MON1	TH-OF-PAIMENT RE	LPORT .	FOR JAN 2	ZUUZ THRU I	JEC 2002		PF	AGE 631
MOP024	FEE-FOR-SERVICE		1050 -				~~~~ 45					01/17/03
AMADOR COUNTY	SUMMARY OF SERVI	ICES FOR	185% P.	ROGRAM -	- INFANTS	AID (CODES 47				C T	
222 81 1218182	HOEDO	IINITEO OF	ODDIII O	-		7.7.TD	7 CD COCH	MO			-	
223 ELIGIBLES	USERS	UNITS OF	_		EXPENDITURES			UNITS/DAYS				COST PER
_		OR DAYS						PER ELIG	USE			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	64		139	\$	4,311.51	\$	31.02	.623	\$ 67	.37	Ş	19.33
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	Ô		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	64		139		4,311.51		31.02	.623		.37		19.33
	54		86		-							
MEDICAL	~ -				2,977.51		34.62	.386		.14		13.35
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	8		15		183.67		12.24	.067		.96		.82
RADIOLOGY	3		3		72.59		24.20	.013		.20		.33
ROOM USE	25		27		888.57		32.91	.121		.54		3.98
CROSSOVERS/ALL OTH OUTPTNT	7		8		189.17		23.65	.036	27	.02		.85
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$			ċ		Ś	.00
	0		0	Ş		Ą	.00	.000	ş	.00	Ą	
ICF DDH	· · · · · · · · · · · · · · · · · · ·				.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00		\$.00	\$.00
PATHOLOGY	0		Õ	•	.00	•	.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
	9		•		• • • •		• 0 0	• 0 0 0				• • • •

@ORGANIZED OUTPATIENT CLINIC	17	21 \$	3,160.64	\$ 150.51	.094	\$ 185.92	\$ 14.17
CLINIC	0	0	.00	.00		.00	.00
SURGICENTER	0	0	.00	.00		.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00		.00	.00
RURAL HEALTH CLINIC	17	21	3,160.64				14.17
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MOI	NTH-OF-PAYMENT RI	EPORT FOR JA	N 2002 THRU	DEC 2002	PAGE 632
MOP024	FEE-FOR-SERVICE						01/17/03
AMADOR COUNTY	SUMMARY OF SERV	CES FOR 185% PROGRAM	- INFANTS	AID CODES	47 69		
					M	MONTHLY AVERA	GE
223 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE CO	ST UNITS/DAY	S COST PER	COST PER
		OR DAYS OF CARE			AY PER ELIG		ELIGIBLE
@ALL OTHER PROVIDERS	3	6 \$	244.09	\$ 40.68			
DURABLE MED. EQUIP.	3	6	244.09	40.68		81.36	1.09
BLOOD BANK	5	0	.00	.00		.00	.00
	0	0					
HEARING AID DISPENSERS	U	U	.00	.00		.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00		.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00		.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00		.00	.00
	0	0					
OCCUPATIONAL THERAPIST	U	U	.00	.00		.00	.00
OPTICIAN	Ü	0	.00	.00		.00	.00
PHYSICAL THERAPIST	0	0	.00	.00		.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00		.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00		.00	.00
HOSPICE SERVICES	0	0	.00	.00		.00	.00
	0	0	.00			.00	.00
NONINST BIRTHING CENTERS	0	0		.00			
LOCAL EDUCATION AGENCIES	U	U	.00	.00		.00	.00
EPSDT SUPPLEMENTAL SERVICE	Ü	0	.00	.00		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00		.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	7	16 \$	688.10	\$ 43.01	.072	\$ 98.30	\$ 3.09
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00
0* TOTALS IN THESE LINES ARE		TE INFORMATION ITEM O	NT.Y:	,		,	
THE AMOUNTS ARE ALREADY IN			•				
** THESE DATA ARE INCLUDED I			TEOVE.				
			MILL OF DAVMENIE DI	EDODE EOD IX	NI 2002 MIIDII	DEC 2002	PAGE 633
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MOI	NTH-OF-PAIMENT RI	EPORT FOR JA	N ZUUZ THRU	DEC 2002	
MOP024	FEE-FOR-SERVICE/			44	40.40		01/17/03
AMADOR COUNTY	SUMMARY OF SERV	CES FOR 185% PROGRAM	- PREGNANT A	ID CODES 44			
					M	MONTHLY AVERA	.GE
511 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE CO	ST UNITS/DAY	S COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/D	AY PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	249	1,532 \$	216,920.28	\$ 141.59	2.998	\$ 871.17	\$ 424.50
@PHYSICIANS SERVICES	141	586 \$	38,526.70	\$ 65.75			
OUTPATIENT VISITS	63	140	7,930.44	56.65		125.88	15.52
OFFICE VISITS	13	13	720.70	55.44	.025	55.44	1.41
HOME VISITS	0	0	.00	.00		.00	.00
HOME ATOTIO	U	U	.00	.00	.000	.00	. 0 0

4

EMERGENCY ROOM

4

313.13

.008

78.28

.61

78.28

PREVENTIVE CARE	0	0	.00	.00	.00	0	.00	.00
OB VISITS/COMPRE PERI	52	123	6,896.61	56.07	.24	1	132.63	13.50
OTHER OUTPATIENT	0	0	.00	.00	.00	0	.00	.00
INPATIENT VISITS	26	71	5,530.76	77.90	.13	9	212.72	10.82
HOSPITAL VISITS	24	40	1,859.04	46.48	.07	8	77.46	3.64
CRITICAL CARE	2	31	3,671.72	118.44	.06	1	1835.86	7.19
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.00	0	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.00	0	.00	.00
EXAMINATIONS	0	0	.00	.00	.00	0	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.00	0	.00	.00
INPATIENT HOSPITAL SURGERY	40	217	17,647.50	81.32	.42	5	441.19	34.54
PRINCIPAL SURGEON	24	25	14,218.33	568.73	.04	9	592.43	27.82
ASSISTANT SURGEON	3	3	559.50	186.50	.00	6	186.50	1.09
ANESTHESIOLOGIST	16	189	2,869.67	15.18	.37	0	179.35	5.62
OUTPATIENT SURGERY	14	34	1,937.96	57.00	.06	7	138.43	3.79
PRINCIPAL SURGEON	12	25	1,569.71	62.79	.04	9	130.81	3.07
ASSISTANT SURGEON	1	1	186.50	186.50	.00	2	186.50	.36
ANESTHESIOLOGIST	3	8	181.75	22.72	.01	6	60.58	.36
DIALYSIS	0	0	.00	.00	.00	0	.00	.00
PATHOLOGY	11	19	361.18	19.01	.03	7	32.83	.71
RADIOLOGY	46	57	2,692.93	47.24	.11	2	58.54	5.27
PSYCHIATRY	0	0	.00	.00	.00	0	.00	.00
IMMUNIZATION AND INJECTION	5	14	132.29	9.45	.02	7	26.46	.26
OTHER SERVICES/ALL X-OVERS	27	34	2,293.64	67.46	.06	7	84.95	4.49
@PHARMACY	62	166	\$ 7,567.68	\$ 45.59	.32	5	\$ 122.06	\$ 14.81
PRESCRIPTION DRUGS	61	108	6,942.62	64.28	.21	1	113.81	13.59
SNF/ICF	0	0	.00	.00	.00	0	.00	.00
OUTPATIENTS	61	108	6,942.62	64.28	.21	1	113.81	13.59
MEDICAL SUPPLIES	3	58	625.06	10.78	.11	4	208.35	1.22
@DENTIST	3	12	\$ 665.00	\$ 55.42	.02	3	\$ 221.67	\$ 1.30
VISITS - DIAGNOSTIC	0	0	.00	.00	.00	0	.00	.00
ORAL SURGERY	2	3	45.00	15.00	.00	6	22.50	.09

DRUGS	0	0		.00		.00	.000		.00		.00
	0	0					.000		.00		
ANESTHESIA				.00		.00					.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	1		330.00		330.00	.002		330.00		.65
RESTORATIVE DENTISTRY	2	3		175.00		58.33	.006		87.50		.34
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	5		115.00		23.00	.010		115.00		.23
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00					
ORTHODONTIC SERVICES	•	U					.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		URES MON	TH-OF-PAYMENT R	EPOR'	r for Jan 2	2002 THRU D	EC	2002	Р	AGE 634
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 185%	PROGRAM	- PREGNANT A	ID C	DDES 44 48	49				
							MC	NTI	HLY AVERA	GE	
511 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	(COST PER		COST PER
		OR DAYS OF CA				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ś	.00		.00
DIAGNOSTIC AND ANC. PROCED	0	0	Ψ.	.00	۲	.00	.000	Ψ	.00	۲	.00
	0										
EYE APPLIANCES	•	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00		\$.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
v =	0	11	\$		\$			~		\$	
@HOME HEALTH AGENCY	3			685.16		62.29		\$	228.39		1.34
NURSE ANESTHESIST	0	0	\$.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0	Ş	.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	112	575	\$	164,856.51	\$	286.71	1.125	\$	1471.93	\$	322.62
HOSP INPATIENT TOTAL	30	155		155,493.07		1003.18	.303		5183.10		304.29
HSC HOSPITALS	7	63		64,105.08		1017.54	.123		9157.87		125.45
NON-HSC HOSPITAL TOTAL	23	92		91,387.99		993.35	.180		3973.39		178.84
ACCOMMODATIONS	23	92		37,065.09		402.88	.180		1611.53		72.53
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0									
	_	•		.00		.00	.000		.00		.00
ALL OTHER ACCOM	23	92		37,065.09		402.88	.180		1611.53		72.53
ANCILLARIES	23	0		54,322.90		.00	.000		2361.87		106.31
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	100	420		9,363.44		22.29	.822		93.63		18.32
MEDICAL	9	10		605.85		60.59	.020		67.32		1.19
SURGERY	3	3		194.94		64.98	.006		64.98		.38
PATHOLOGY	69	248		2,885.20		11.63	.485		41.81		5.65
RADIOLOGY	16	16		1,173.00		73.31	.031		73.31		2.30
ROOM USE	34	62		3,515.32		56.70	.121		103.39		6.88
CROSSOVERS/ALL OTH OUTPINT		81	Ċ	989.13	^	12.21	.159	Ċ	47.10	Ċ	1.94
@COUNTY HOSPITAL TOTAL	1	6	\$	100.49	\$	16.75		\$	100.49	Ş	.20
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0		0			.0	10	.00	.000		.00		.00
ACCOMMODATIONS	0		0			.0		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0			.0		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0			.0		.00	.000		.00		.00
ALL OTHER ACCOM	0		0			.0		.00	.000		.00		.00
ANCILLARIES	0		0			.0		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0			.0		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0			.0		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1		6			100.4		16.75	.012		100.49		.20
MEDICAL	<u> </u>		0			54.6		.00	.000		.00		.11
SURGERY	0		0			.0		.00	.000		.00		.00
PATHOLOGY	1		6			45.8		7.64	.012		45.81		.09
RADIOLOGY	<u> </u>		0			.0		.00	.000		.00		.00
ROOM USE	0		0			.0		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0			.0		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	NND EVD		DIDEC M	וחותו∩ו					רבי כי		Т	PAGE 635
MOP024	FEE-FOR-SERVICE/D		ENDII	IOVES I	IONII	n-Or-PAIMENI	. REF	OKI FOR UAN 2	2002 1000 1		, 2002	Г	01/17/03
AMADOR COUNTY	SUMMARY OF SERVICE		1050	DDOCDA	м _	DDECNAME	N T D	CODES 44 48	10				01/1//03
AMADOR COUNTI	SUMMARI OF SERVIC	LO FOR	100%	FROGRA	7141 —	FREGNANI	AID	CODES 44 40	MO	חואר	ת מישוות עדעי	CE	
511 ELIGIBLES	USERS U	NITS OF	CEDIII	CE		EXPENDITURE		AVERAGE COST					COST PER
JII EUIGIBUES		OR DAYS				EVERNOTIONE		PER UNIT/DAY)	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	111	OR DAIS	569	1KL \$		164,756.0		\$ 289.55		Ċ	1484.29		
COMM HOSP INPATIENT TOTAL	30		155	۲		155,493.0		1003.18	.303	٧	5183.10	۲	304.29
HSC HOSPITALS	7		63			64,105.0		1017.54	.123		9157.87		125.45
NON-HSC HOSPITALS TOTAL	23		92			91,387.9		993.35	.123		3973.39		178.84
ACCOMMODATIONS	23		92			37,065.0		402.88	.180		1611.53		72.53
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0			37,003.0		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0			.0		.00	.000		.00		.00
	23		92										
ALL OTHER ACCOM	23		92			37,065.0		402.88	.180		1611.53 2361.87		72.53
ANCILLARIES INPATIENT CROSSOVERS	0		0			54,322.9 .0		.00	.000		.00		106.31
	0		0					.00			.00		.00
ALL OTHER INPATIENT	99		414			.0			.000				
COMM HOSP OUTPATIENT TOTAL	99		10			9,262.9		22.37	.810 .020		93.57		18.13 1.08
MEDICAL	3		3			551.1 194.9		55.12 64.98	.020		61.24 64.98		.38
SURGERY	68		242			2,839.3		11.73			41.76		
PATHOLOGY	16		16						.474				5.56
RADIOLOGY	34					1,173.0		73.31	.031		73.31		2.30
ROOM USE	34 21		62 81			3,515.3		56.70	.121		103.39		6.88
CROSSOVERS/ALL OTH OUTPTNT	0		8.1	ć		989.1		12.21	.159	ċ	47.10	Ċ	1.94
@STATE HOSPITAL	•		-	\$.0		\$.00	.000	\$.00	Þ	.00
MENTALLY ILL	0		0			.0		.00	.000		.00		.00
DEVELOP. DISABLED	0		0	ć		.0		.00	.000	ċ	.00	ć	.00
@NURSING FACILITY	0		0	\$.0		\$.00	.000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	U		0			.0		.00	.000		.00		.00
LEV B-REHAB MD	Ü		0			.0		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	U		0			.0		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	Ü		0			.0		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0			.0		.00	.000		.00		.00

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

ADELIA DILITTA MIONI ENCILITAV	0	0	Ś	0.0	ċ	0.0	000 8	.00	ċ	0.0
@REHABILITATION FACILITY	0	0	Ą	.00	\$.00	.000 \$		Ş	.00
HOSPITAL BASED	•	•		.00		.00		.00		
INDEPENDENT FACILITY	0	0	A	.00	<u> </u>	.00	.000	.00	Ć.	.00
@LABORATORY FACILITY	46	85	\$	1,675.53	\$	19.71	.166 \$		\$	3.28
PATHOLOGY	45	84		1,616.03		19.24	.164	35.91		3.16
XO AND OTHERS	1	1		59.50		59.50	.002	59.50		.12
@ORGANIZED OUTPATIENT CLINIC	5	7	Ş	758.59	\$	108.37	.014 \$		Ş	1.48
CLINIC	1	1		65.92		65.92	.002	65.92		.13
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	4	6		692.67		115.45	.012	173.17		1.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		RES MOI	NTH-OF-PAYMENT I	REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE	
MOP024	FEE-FOR-SERVICE/								C)1/17/03
AMADOR COUNTY	SUMMARY OF SERVI	CES FOR 185% F	ROGRAM	- PREGNANT	AID CO	DES 44 48				
							MON	THLY AVERA	GE	
511 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	COS	ST PER
		OR DAYS OF CAR	Œ		PER	UNIT/DAY	PER ELIG	USER	ELI	GIBLE
@ALL OTHER PROVIDERS	21	90	\$	2,185.11	\$	24.28	.176 \$	104.05	\$	4.28
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	2	70		385.11		5.50	.137	192.56		.75
AMBULANCES/AIR TRANS	2	70		385.11		5.50	.137	192.56		.75
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	19	2.0		1,800.00		90.00	.039	94.74		3.52
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
	0	0								
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0	_	.00	_	.00	.000	.00	_	.00
@CALIF. CHILDREN SERVICES*	2	121	\$	8,144.88	\$	67.31		4072.44		15.94
@XOVER EXCLUDING STATE HOSP**		0	\$.00	\$.00	.000 \$.00	Ş	.00
0* TOTALS IN THESE LINES ARE				•						
THE AMOUNTS ARE ALREADY IN				ABOVE.						
** THESE DATA ARE INCLUDED I										
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		RES MOI	NTH-OF-PAYMENT I	REPORT	FOR JAN	2002 THRU DE	C 2002		637
MOP024	FEE-FOR-SERVICE/								C	01/17/03
AMADOR COUNTY	SUMMARY OF SERVI	CES FOR 60-DAY	POST 1	PARTUM PROGRAM		AID CODE				
24.5	_		_				MON		-	
O1 DITCIDIDO	TICEDO	INTER OF CERTIF	17.7	PADEMPTHIDEC	70 7 7 77	DACE COCE	IINITHO / DAVO	COCH DED	000	ממת חוי

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

PER UNIT/DAY PER ELIG USER ELIGIBLE

01 ELIGIBLES

USERS

UNITS OF SERVICE

OR DAYS OF CARE

0-0		0 6	61 40	•	0.00	00 6	61 40
@TOTAL, ALL PROVIDERS	0	0 \$	61.42	\$.00	.000 \$.00 \$	
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00 \$	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	U	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	U	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	U	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00 \$	
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00 \$	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		IONTH-OF-PAYMENT RE	EPORT FOR JAN 2	002 THRU DEC 2	:002	PAGE 638
MOP024	FEE-FOR-SERVICE/DE						01/17/03
AMADOR COUNTY	SUMMARY OF SERVICE	S FOR 60-DAY POST	PARTUM PROGRAM	AID CODE			
					MONTHI		
01 ELIGIBLES		ITS OF SERVICE	EXPENDITURES		UNITS/DAYS CO	ST PER	COST PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	1	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	1	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	1	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	1	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	1	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	1	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	1	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	1	.00
OTHER	0	0	.00	.00	.000	.00	1	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$ 61.42	\$.00	.000	\$.00	\$	61.42
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	1	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	1	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	1	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	1	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	1	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	1	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	1	.00
ANCILLARIES	0	0	.00	.00	.000	.00	1	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	1	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	1	.00
HOSP OUTPATIENT TOTAL	0	0	61.42	.00	.000	.00	1	61.42
MEDICAL	0	0	15.66	.00	.000	.00	1	15.66
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	5.82	.00	.000	.00	1	5.82

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	22.22	.00	.000	.00	22.22
CROSSOVERS/ALL OTH OUTPTNT	0	0	17.72	.00	.000	.00	17.72
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES 1	MONTH-OF-PAYMENT REPORT	FOR JAN 20	002 THRU DEC	2002	PAGE 639
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	60-DAY POS	T PARTUM PROGRAM	AID CODE 7	76		
				-	MONTE	HLY AVERAG	E

						THLY AVERA	JE
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	'UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ 61.42	\$.00	.000 \$.00	\$ 61.42
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	61.42	.00	.000	.00	61.42
MEDICAL	0	0	15.66	.00	.000	.00	15.66
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	5.82	.00	.000	.00	5.82
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	22.22	.00	.000	.00	22.22
CROSSOVERS/ALL OTH OUTPINT	0	0	17.72	.00	.000	.00	17.72
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0	т	.00	7	.00	.000	Т	.00	т	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0	·	.00	•	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		ES M	ONTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2002 THRU D	EC 200	2	PAGE	640
MOP024	FEE-FOR-SERVICE/DEN									01	/17/03
AMADOR COUNTY	SUMMARY OF SERVICES	FOR 60-DAY	POST	PARTUM PROGRAM		AID CODE					
01							MC			-	
01 ELIGIBLES		TS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST	
		R DAYS OF CARE		0.0		UNIT/DAY	PER ELIG	US		ELIG	
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
DURABLE MED. EQUIP. BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00							.00
	Λ	Λ				()()	$\cap \cap \cap$		\cap		
OTHER SERVICES	0	0				.00	.000		.00		
OTHER SERVICES	0	0 0 0		.00		.00	.000		.00		.00
ACUPUNCTURE	0 0 0	0 0 0		.00		.00	.000		.00		.00
ACUPUNCTURE ADULT DAY HEALTH CARE CTR	0 0 0 0	0 0 0		.00 .00 .00		.00 .00	.000 .000 .000		.00		.00
ACUPUNCTURE	0 0 0 0 0	0 0 0 0 0		.00		.00	.000		.00		.00
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	0 0 0 0 0 0	0 0 0 0 0		.00 .00 .00		.00 .00 .00	.000 .000 .000		.00		.00

^{.00} .00 .00 .00 PHYSICAL THERAPIST .000 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 0 .00 .00 .000 .00 .00 PROSTHETICS 0 .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .000 .00 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING .000 ALL OTHER PROVIDERS 0 .00 .00 .000 .00 .00 \$.00 .000 \$ @CALIF. CHILDREN SERVICES* \$.00 .00 .00 \$ @XOVER EXCLUDING STATE HOSP** .00 .00 \$.00 .000 \$ \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

AMADOR COUNTY	SUMMARY OF SERV	/ICES FOR 185%/60-	-DAY I	PP AID CODES 4	14 4 / 48 49 69	/6			
							NTHLY AVERA		
735 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	362	1,882	\$	239,606.16	\$ 127.31	2.561			325.99
@PHYSICIANS SERVICES	160	637	\$	39 , 709.62	\$ 62.34	.867	\$ 248.19	\$	54.03
OUTPATIENT VISITS	76	155		8,487.73	54.76	.211	111.68		11.55
OFFICE VISITS	22	24		1,101.21	45.88	.033	50.06		1.50
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	5	5		381.48	76.30	.007	76.30		.52
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	52	123		6,896.61	56.07	.167	132.63		9.38
OTHER OUTPATIENT	3	3		108.43	36.14	.004	36.14		.15
INPATIENT VISITS	26	71		5,530.76	77.90	.097	212.72		7.52
HOSPITAL VISITS	24	40		1,859.04	46.48	.054	77.46		2.53
CRITICAL CARE	2	31		3,671.72	118.44	.042	1835.86		5.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
	40	•							
INPATIENT HOSPITAL SURGERY		217		17,647.50	81.32	.295	441.19		24.01
PRINCIPAL SURGEON	24	25		14,218.33	568.73	.034	592.43		19.34
ASSISTANT SURGEON	3	3		559.50	186.50	.004	186.50		.76
ANESTHESIOLOGIST	16	189		2,869.67	15.18	.257	179.35		3.90
OUTPATIENT SURGERY	14	34		1,946.90	57.26	.046	139.06		2.65
PRINCIPAL SURGEON	12	25		1,578.65	63.15	.034	131.55		2.15
ASSISTANT SURGEON	1	1		186.50	186.50	.001	186.50		.25
ANESTHESIOLOGIST	3	8		181.75	22.72	.011	60.58		.25
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	12	20		370.40	18.52	.027	30.87		.50
RADIOLOGY	49	60		2,718.64	45.31	.082	55.48		3.70
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	6	15		187.29	12.49	.020	31.22		.25
OTHER SERVICES/ALL X-OVERS	32	65		2,820.40	43.39	.088	88.14		3.84
@PHARMACY	120	295	\$	21,038.27	\$ 71.32	.401		\$	28.62
PRESCRIPTION DRUGS	118	234	•	20,384.56	87.11	.318	172.75		27.73
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	118	234		20,384.56	87.11	.318	172.75		27.73
MEDICAL SUPPLIES	6	61		653.71	10.72	.083	108.95		.89
@DENTIST	3	12	\$	665.00	\$ 55.42	.016		Ċ	.90
VISITS - DIAGNOSTIC	0	0	۲	.00	.00	.000	.00	Y	.00
ORAL SURGERY	2	3		45.00	15.00	.004	22.50		.06
	0	0		.00	.00	.000	.00		.00
DRUGS	0	0							
ANESTHESIA	0			.00	.00	.000	.00		.00
PERIODONTICS	U	0		.00	.00	.000	.00		.00
ENDODONTICS	Ţ	1		330.00	330.00	.001	330.00		.45
RESTORATIVE DENTISTRY	2	3		175.00	58.33	.004	87.50		.24
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	1	5		115.00	23.00	.007	115.00		.16
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 642

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

AMADOR COUNTY	SUMMARY OF SERV	/ICES FOR 185%/	60-DAY F	P AID CODES	44 4	/ 48 49 69					
									HLY AVERA	GE.	
735 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CA				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0	0	•	.00	·	.00	.000		.00	•	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	5	15	\$	939.87	\$	62.66		\$	187.97	Ċ	1.28
NURSE ANESTHESIST	0	0	\$.00	\$.00		\$.00	\$.00
	0	0			۶ \$.00		\$.00	\$.00
NURSE MIDWIFE	•	0	\$ \$.00	\$ \$						
PEDIATRIC NURSE PRACTITIONER	•			.00	т.	.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	176	714	\$	169,229.44	\$	237.02	.971	Ş	961.53	Ş	230.24
HOSP INPATIENT TOTAL	30	155		155,493.07		1003.18	.211		5183.10		211.56
HSC HOSPITALS	7	63		64,105.08		1017.54	.086		9157.87		87.22
NON-HSC HOSPITAL TOTAL	23	92		91 , 387.99		993.35	.125		3973.39		124.34
ACCOMMODATIONS	23	92		37 , 065.09		402.88	.125		1611.53		50.43
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	23	92		37,065.09		402.88	.125		1611.53		50.43
ANCILLARIES	23	0		54,322.90		.00	.000		2361.87		73.91
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	164	559		13,736.37		24.57	.761		83.76		18.69
MEDICAL	63	96		3,599.02		37.49	.131		57.13		4.90
SURGERY	3	3		194.94		64.98	.004		64.98		.27
PATHOLOGY	77	263		3,074.69		11.69	.358		39.93		4.18
RADIOLOGY	19	19		1,245.59		65.56	.026		65.56		1.69
ROOM USE	59	89		4,426.11		49.73	.121		75.02		6.02
CROSSOVERS/ALL OTH OUTPTNT		89		1,196.02		13.44	.121		42.72		1.63
@COUNTY HOSPITAL TOTAL	1	6	\$	1,190.02	\$	16.75	.008	ċ	100.49	ċ	.14
-		0	Ą		Ą	.00		Ą	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00			.000				
HSC HOSPITALS	•			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	6		100.49		16.75	.008		100.49		.14
MEDICAL	0	0		54.68		.00	.000		.00		.07
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	6		45.81		7.64	.008		45.81		.06
* **	=	· ·									

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MONTH	H-OF-PAYMENT REPORT	FOR JAN 2	002 THRU DEC	2002	PAGE 643
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FO	OR 185%/60-DAY PP	AID CODES 44 47	48 49 69	76		

						MO	NTHLY AVERA	GE
735 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	175	708	\$	169,128.95	\$ 238.88	.963	\$ 966.45	\$ 230.11
COMM HOSP INPATIENT TOTAL	30	155		155,493.07	1003.18	.211	5183.10	211.56
HSC HOSPITALS	7	63		64,105.08	1017.54	.086	9157.87	87.22
NON-HSC HOSPITALS TOTAL	23	92		91,387.99	993.35	.125	3973.39	124.34
ACCOMMODATIONS	23	92		37 , 065.09	402.88	.125	1611.53	50.43
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	23	92		37 , 065.09	402.88	.125	1611.53	50.43
ANCILLARIES	23	0		54 , 322.90	.00	.000	2361.87	73.91
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	163	553		13,635.88	24.66	.752	83.66	18.55
MEDICAL	63	96		3,544.34	36.92	.131	56.26	4.82
SURGERY	3	3		194.94	64.98	.004	64.98	.27
PATHOLOGY	76	257		3,028.88	11.79	.350	39.85	4.12
RADIOLOGY	19	19		1,245.59	65.56	.026	65.56	1.69
ROOM USE	59	89		4,426.11	49.73	.121	75.02	6.02
CROSSOVERS/ALL OTH OUTPTNT	28	89		1,196.02	13.44	.121	42.72	1.63
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	46	85	\$	1,675.53	\$	19.71	.116	\$	36.42	\$	2.28
PATHOLOGY	45	84		1,616.03		19.24	.114		35.91		2.20
XO AND OTHERS	1	1		59.50		59.50	.001		59.50		.08
@ORGANIZED OUTPATIENT CLINIC	22	28	\$	3,919.23	\$	139.97	.038	\$	178.15	\$	5.33
CLINIC	1	1		65.92		65.92	.001		65.92		.09
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	21	27		3,853.31		142.72	.037		183.49		5.24
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES MONTH-C	F-PAYMENT R	EPORT	FOR JAN 200	2 THRU	DEC	2002	PI	AGE 644
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	185%/6	0-DAY PP	AID CODES	44 47	48 49 69 76					

----- MONTHLY AVERAGE -----735 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 24 96 \$ 2,429.20 \$ 25.30 .131 \$ 101.22 \$ 3.31 @ALL OTHER PROVIDERS 25.30 .131
40.68 .008
.00 .000
.00 .000
5.50 .095
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.00 .000
.00 .000
.00 .000 244.09 40.68 .008 81.36 DURABLE MED. EQUIP. 3 .33 BLOOD BANK 0 0 .00 .00 .00 .00 .00 HEARING AID DISPENSERS 0 .00 70 192.56 MEDICAL TRANSPORTATION 385.11 192.56 70 AMBULANCES/AIR TRANS 385.11 0 .00 .00 .00 OTHER TRANS .00 .00 .00 OTHER SERVICES ACUPUNCTURE .00 .00 .00 0 ADULT DAY HEALTH CARE CTR 0 .00 .00 .00 20 GENETIC DISEASE TESTING 1,800.00 94.74 2.45 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .00 OPTICIAN .00 .00 .00 PHYSICAL THERAPIST .00 .00 . 00 .00 PORTABLE X-RAY .00 PROSTHETIST/ORTHOTISTS .00 .00 PROSTHETICS .00 .00 .00 .000 ORTHOTICS .00 .00 .00 .00 PSYCHOLOGIST .00 .00 .00 .00 .000 .00 .000 .00 SPEECH AND AUDIOLOGY .00 .00 .00 .00 .00 HOSPICE SERVICES .000 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .000 RESPIRATORY CARE PRACT. .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 .00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	9	137	\$ 8,832.98	\$ 64.47	.186	\$ 981.44	\$ 12.02
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 645
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

AMADOR COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16 ----- MONTHLY AVERAGE -----210 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 375.34 \$ @TOTAL, ALL PROVIDERS 167 3,185 62,681.85 19.68 15.167 \$ 298.49 \$ 36 101 1,020.66 .481 \$ 28.35 \$ @PHYSICIANS SERVICES 10.11 4.86 0 0 .00 .000 .00 OUTPATIENT VISITS .00 .00 OFFICE VISITS 0 .00 .00 .000 .00 .00 .00 .00 HOME VISITS .00 .000 .00 .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .00 .000 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .000 OTHER OUTPATIENT .00 .00 . 00 .00 .00 .00 INPATIENT VISITS .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 .00 .000 .00 SNF/ICF/TRANS IP CARE .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .000 .00 EXAMINATIONS .00 . 00 .000 .00 .00 .000 SERVICES AND MATERIALS .00 .00 . 00 . 00 .00 . 00 INPATIENT HOSPITAL SURGERY . 00 .000 . 00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .000 .00 OUTPATIENT SURGERY .00 .00 .00 .00 .00 .000 .00 .00 PRINCIPAL SURGEON ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 . 00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .00 PATHOLOGY .000 .00 RADIOLOGY .00 .00 .000 .00 .00 .000 PSYCHIATRY .00 .00 .00 .00 IMMUNIZATION AND INJECTION 0 .00 .00 .000 .00 .00 OTHER SERVICES/ALL X-OVERS 101 1,020.66 10.11 .481 28.35 4.86 @PHARMACY 150 2,415 44,165.03 18.29 11.500 \$ 294.43 \$ 210.31 PRESCRIPTION DRUGS 150 630 43,285.29 68.71 3.000 288.57 206.12 0 0 .00 .00 .000 .00 .00 SNF/ICF 150 68.71 3.000 288.57 630 43,285.29 206.12 OUTPATIENTS 13 MEDICAL SUPPLIES 1,785 879.74 .49 8.500 67.67 4.19 9 27 44.22 @DENTIST 1,194.00 .129 \$ 132.67 \$ 5.69 VISITS - DIAGNOSTIC 20 194.00 9.70 .095 48.50 . 92 .00 .00 .00 .00 ORAL SURGERY .000 .00 .00 .000 .00 .00 DRUGS .00 .00 .00 .000 .00 ANESTHESIA .00 .00 .00 .000 .00 PERIODONTICS ENDODONTICS .00 .00 .000 .00 .00 .00 RESTORATIVE DENTISTRY .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00

DENTURES, STAYPLATES	6	7	1,000.00	142.86	.033	166.67	4.76
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MON	TH-OF-PAYMENT REPORT	FOR JAN 20	002 THRU D	EC 2002	PAGE 646
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES	FOR TITLE II DISR	EGARD - AGED	AID CODE 3	L 6		
				-	MOI	NTHLY AVERAG	E

AMADOR COUNTY	SUMMARY OF SERV	/ICES FOR	TITLE I	I DISE	REGARD - AGED		AID CODE	16				
								M	ONT	HLY AVERA	GE.	
210 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	10		16	\$	204.49	\$	12.78	.076	\$	20.45	\$.97
DIAGNOSTIC AND ANC. PROCED	5		5		40.05		8.01	.024		8.01		.19
EYE APPLIANCES	3		6		106.22		17.70	.029		35.41		.51
OTHER OPTOMETRIC SERVICES	3		5		58.22		11.64	.024		19.41		.28
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$		\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	6		6	\$	23.45	\$	3.91	.029	\$	3.91	\$.11
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	6		6		23.45		3.91	.029		3.91		.11
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000		.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	5		43	\$	2,010.01	\$	46.74	.205	\$	402.00	\$	9.57
HOSP INPATIENT TOTAL	1		5		792.00		158.40	.024		792.00		3.77
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1		5		792.00		158.40	.024		792.00		3.77
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4		38		1,218.01		32.05	.181		304.50		5.80
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	U		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	U		-		.00		.00	.000		.00		.00
ROOM USE	U		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		38	Ċ	1,218.01	Ċ	32.05	.181	Ċ	304.50	Ċ	5.80
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
ANCILLARIES	U		U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURE	ES MOI	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	AGE 647
MOP024	FEE-FOR-SERVICE/	DENTAL									01/17/03
AMADOR COUNTY	SUMMARY OF SERVI	CES FOR TITLE I	I DIS	REGARD - AGED		AID CODE					
040							M			-	
210 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	S			COST PER
	_	OR DAYS OF CARE	_			R UNIT/DAY		_	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	43	\$	2,010.01	\$	46.74	.205	Ş	402.00	Ş	9.57
COMM HOSP INPATIENT TOTAL	1	5		792.00		158.40	.024		792.00		3.77
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	5		792.00		158.40	.024		792.00		3.77
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4	38		1,218.01		32.05	.181		304.50		5.80
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	4	38		1,218.01		32.05	.181		304.50		5.80
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	9	16	\$	6,230.07	\$	389.38	.076	\$		\$	29.67
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	9	16		6,230.07	_	389.38	.076		692.23	_	29.67
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	_	.00	.000		.00	_	.00
@LABORATORY FACILITY	2	4	\$	70.20	\$	17.55	.019	\$	35.10	\$.33
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	2	4		70.20		17.55	.019		35.10		.33

@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	5 0 1 0 4	5 0 1 0 4		\$	270.22 .00 199.88 .00 70.34	\$	54.04 .00 199.88 .00 17.59	.000 .005 .000 .019	\$ 54.04 .00 199.88 .00 17.59		1.29 .00 .95 .00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE		TURE	S MC	NTH-OF-PAYMENT R	REPORT	FOR JAN 2	2002 THRU DI	EC 2002	Ι	PAGE 648 01/17/03
AMADOR COUNTY	SUMMARY OF SERV	,	E TT	י חדס	REGARD - AGED		AID CODE	16			01/1//03
ANADON COUNT	SOMMANT OF SERV	TCES FOR TITE	ב.ב. בו	. DIL	NEGAND AGED		AID CODE		NTHLY AVERA	GE	
210 ELIGIBLES	USERS	UNITS OF SERV	ICE		EXPENDITURES	AVI	RAGE COST	UNITS/DAYS	COST PER	101	COST PER
		OR DAYS OF C					R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	41	552		\$	7,493.72	\$	13.58	2.629	\$ 182.77	\$	35.68
DURABLE MED. EQUIP.	0	0			.00		.00	.000	.00		.00
BLOOD BANK	0	0			.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	3	71			289.22		4.07	.338	96.41		1.38
AMBULANCES/AIR TRANS	0	0			.00		.00	.000	.00		.00
OTHER TRANS	0	0			.00		.00	.000	.00		.00
OTHER SERVICES	3	71			289.22		4.07	.338	96.41		1.38
ACUPUNCTURE	0	0			.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0			.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	24	59			6,420.86		108.83	.281	267.54		30.58
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000	.00		.00
OPTICIAN	3	6			78.24		13.04	.029	26.08		.37
PHYSICAL THERAPIST	0	0			.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0			.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0			.00		.00	.000	.00		.00
PROSTHETICS	0	0			.00		.00	.000	.00		.00
ORTHOTICS	0	0			.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0			.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0			.00		.00	.000	.00		.00

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	20	416		705.40	1.70	1.981	35.27	3.36
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	54	308	\$	10,480.54	\$ 34.03	1.467	\$ 194.08	\$ 49.91
A + MOMATO IN MURCE IINEC ADE CIVEN		TNEODMARTON	THEM ONLY	· •				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 649
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

AMADOR COUNTY	SUMMARY OF SERV	/ICES FOR TITLE 1	T DIS	SREGARD - BLIND	AID CODES 26			
						MON		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	_	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$		\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$		\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00

DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MO	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU D	EC 2002	P	AGE 650
MOP024	FEE-FOR-SERVICE	/DENTAL							01/17/03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR TITLE	II DIS	SREGARD - BLIND	AID CODES 2	6 6A			
							NTHLY AVERA	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		T UNITS/DAYS			COST PER
		OR DAYS OF CAR			PER UNIT/DA		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	_	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		Ş	.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0	ć	.00	.00	.000	.00	Ċ	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	•	Ş	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	Ċ	.00	\$.00			\$.00
NURSE ANESTHESIST	0	0	¢	.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	0	0	Ś	.00	\$.00		\$.00		.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00	.00	.000	.00	_	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00		\$.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL		0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	•					PAGE 651
MOP024	FEE-FOR-SERVICE/DEN			101(1 101(0111(2	.002 1111(0 010	2002	01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES		SREGARD - BLIND	AID CODES 26	6A		01/1//03
			-		MONT	HLY AVERAG	E
00 ELIGIBLES	USERS UNI	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

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@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	•	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	Ś	.00	\$.00	.000		Ś	.00
CLINIC	0	0	Ψ.	.00	Υ	.00	.000	.00	٧	.00
	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0								
HEROIN DETOX CLINIC	· ·	•		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE/		JRES MO	NTH-OF-PAYMENT R	REPORT	FOR JAN 2	2002 THRU D	EC 2002	PAG	GE 652 01/17/03
AMADOR COUNTY	SUMMARY OF SERVI		II DIS	REGARD - BLIND	AID	CODES 26	6A			01/1//05
							MOI	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	CC	OST PER
		OR DAYS OF CAR			PER	UNTT/DAY	PER ELIG	USER	ET	LIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000			
DURABLE MED. EQUIP.	0	0	Ψ.	.00	Υ	.00	.000	.00	٧	.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
	0	0								
HEARING AID DISPENSERS		U		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	ñ		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
	0	0						.00		.00
PHYSICAL THERAPIST	0			.00		.00	.000			
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
	0	•								
ALL OTHER PROVIDERS	U	0	_	.00	_	.00	.000	.00	_	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00		.00	.000			.00
@XOVER EXCLUDING STATE HOSP**		0	\$.00	Ş	.00	.000	\$.00	Ş	.00
<pre>@* TOTALS IN THESE LINES ARE</pre>	GIVEN AS A SEPARA	TE INFORMATION	ITEM O	NLY;						
THE AMOUNTS ARE ALREADY IN	ICLUDED IN THE APE	ROPRIATE DETAIL	L LINES	ABOVE.						
** THESE DATA ARE INCLUDED I	N THE APPROPRIATE	DETAIL LINES A	ABOVE.							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDIT	JRES MO	NTH-OF-PAYMENT R	REPORT	FOR JAN 2	2002 THRU D	EC 2002	PAG	GE 653
MOP024	FEE-FOR-SERVICE/									01/17/03
AMADOR COUNTY	SUMMARY OF SERVI		II DIS	REG - DISABLED A	AID CO	DES 36 66	6C			. ,
					2 00	00 00			C T	

105 ELIGIBLES

USERS

UNITS OF SERVICE

OR DAYS OF CARE

----- MONTHLY AVERAGE -----

ELIGIBLE

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

PER UNIT/DAY PER ELIG USER

@TOTAL, ALL PROVIDERS	90	579	\$ 42,814.75	\$ 73.95	5.514	\$ 475.72	\$ 407.76
@PHYSICIANS SERVICES	13	25	\$ 480.73	\$ 19.23	.238	\$ 36.98	\$ 4.58
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	13	25	480.73	19.23	.238	36.98	4.58
@PHARMACY	83	392	\$ 28,879.48	\$ 73.67	3.733	\$ 347.95	\$ 275.04
PRESCRIPTION DRUGS	83	390	28 , 733.58	73.68	3.714	346.19	273.65

SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	83	390		28,733.58		73.68	3.714	346.19		273.65
MEDICAL SUPPLIES	1	2		145.90		72.95	.019	145.90		1.39
@DENTIST	6	47	\$	3,004.00	\$	63.91	.448	\$ 500.67	\$	28.61
VISITS - DIAGNOSTIC	2	10		125.00		12.50	.095	62.50		1.19
ORAL SURGERY	3	29		1,671.00		57.62	.276	557.00		15.91
DRUGS	2	2		30.00		15.00	.019	15.00		.29
ANESTHESIA	2	2		200.00		100.00	.019	100.00		1.90
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	1	2		78.00		39.00	.019	78.00		.74
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	1	2		900.00		450.00	.019	900.00		8.57
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURE	S MONT	H-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC 2002	PF	AGE 654
MOP024	FEE-FOR-SERVICE/DENT	AL								01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

AMADOR COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

AMADOR COUNTY	SUMMARY OF SER	VICES FOR	TITLE I.	ד דרו	SKEG - DISABLED AI	טט ענ.	DES 30 00	60			~-	
4.5										THLY AVERA	.GE	
105 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS					UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	7		15	\$	339.08	\$	22.61	.143	\$	48.44	\$	
DIAGNOSTIC AND ANC. PROCED	3		3		63.47		21.16	.029		21.16		.60
EYE APPLIANCES	4		10		192.60		19.26	.095		48.15		1.83
OTHER OPTOMETRIC SERVICES	2		2		83.01		41.51	.019		41.51		.79
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5		7	S	176.72	Ś	25.25	.067	Ś	35.34	Ś	1.68
HOSP INPATIENT TOTAL	0		0		.00	·	.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5		7		176.72		25.25	.067		35.34		1.68
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		Ô		.00		.00	.000		.00		.00
PATHOLOGY	0		Ô		.00		.00	.000		.00		.00
11111011001	V		•		• • • •		• • •	• 0 0 0		• 5 0		

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	5	7	176.72	25.25	.067	35.34	1.68
@COUNTY HOSPITAL TOTAL	1	1 \$	21.24	\$ 21.24	.010	\$ 21.24	\$.20
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	21.24	21.24	.010	21.24	.20
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	21.24	21.24	.010	21.24	.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU D	EC 2002	PAGE 655
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
AMADOD COLINEY	CHMMADA OF CEDATORS F	OD MIMIE II DI	CDEC DICADIED AT	TD CODEC 2C CC	C C		

AMADOR COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

AMADOR COUNTI	SUMMAKI OF SEK	VICES FOR 1	LTITE I	I DISKE	- DISABLED A	ID CO.	DES 30 00				
								MC			
105 ELIGIBLES	USERS	UNITS OF S			EXPENDITURES			UNITS/DAYS	5 (COST PER	COST PER
		OR DAYS (OF CARE			PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4		6	\$	155.48	\$	25.91	.057	\$	38.87	\$ 1.48
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00	.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	.00
ANCILLARIES	0		0		.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	4		6		155.48		25.91	.057		38.87	1.48
MEDICAL	0		0		.00		.00	.000		.00	.00
SURGERY	0		0		.00		.00	.000		.00	.00
PATHOLOGY	0		0		.00		.00	.000		.00	.00
RADIOLOGY	0		0		.00		.00	.000		.00	.00
ROOM USE	0		0		.00		.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4		6		155.48		25.91	.057		38.87	1.48
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00	.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00	.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	.00
LEV B-REGULAR	0		0		.00		.00	.000		.00	.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	2	\$	2.46	\$	1.23	.019	\$	2.46	\$.02
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	1	2		2.46		1.23	.019		2.46		.02
@ORGANIZED OUTPATIENT CLINIC	26	64	\$	9,721.30	\$	151.90	.610	\$	373.90	\$	92.58
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	26	64		9,721.30		151.90	.610		373.90		92.58
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES I	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU I	DEC	2002	PΙ	AGE 656
MOP024	FEE-FOR-SERVICE/DENTA										01/17/03
AMADOD COINTEV	CIIMMADV OF CEDVICEC F	ירום שדישונים י	TTD	TODEC - DICADIED	Λ TD C O	DEC 36 66	60				

AMADOR COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

111111111111111111111111111111111111111	SOLUTION OF SERVICE	220 1011 11122 11 21	21012222 11		MON	THLY AVERA	GE
105 ELIGIBLES	USERS (JNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	7	27 \$	210.98	\$ 7.81	.257 \$		
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	100.14	12.52	.076	25.04	.95
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	19	110.84	5.83	.181	36.95	1.06
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$		\$.00
@XOVER EXCLUDING STATE HOSP**	21	55 \$	853.76	\$ 15.52	.524 \$	40.66	\$ 8.13

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 657

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

AMADOR COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

AMADOR COUNTY	SUMMARY OF SER	VICES FOR TITLE	II DI	SREGARD - FAMILIES	AID CODE			
						MON'		E
00 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0						
EXAMINATIONS	0	•		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	•	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	·	.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	Ś	.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	Y	.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
	0	0		.00	.00	.000	.00	
DRUGS	0	0		.00				.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	•	•				.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 658

MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

AMADON COUNTI	SUMMARI OF SERV	ICES FOR	111111111111111111111111111111111111111	r DISI	KEGAIND	LWHITTES		AID CODE	40				
									MC	INC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPEND	ITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS	OF CARE				PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0			.00		.00	.000		.00		.00
EYE APPLIANCES	0		0			.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0			.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0			.00		.00	.000		.00		.00
OTHER SERVICES	0		0			.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0			.00		.00	.000		.00		.00
SURGERY/ANES.	0		0			.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0			.00		.00	.000		.00		.00
OTHER	0		0			.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0			.00		.00	.000		.00		.00
HSC HOSPITALS	0		0			.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0			.00		.00	.000		.00		.00
ANCILLARIES	0		0			.00		.00	.000		.00		.00

01/17/03

TAIDAMTHAM ODOGGOUTEDO	0	0	0.0	0.0	0.00	0.0	0.0
INPATIENT CROSSOVERS	U	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	
RADIOLOGY	U	•		.00	.000		.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00		.00	
	U	U			.000		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	Ô	Ô	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	Û	Û	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
ROOM USE	U	U	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	S MONTH-OF-PAYMENT F	EPORT FOR JAN	I 2002 THRU I	DEC 2002	PAGE 659
MOP024	FEE-FOR-SERVICE/	DENTAL					01/17/03
MOP024 AMADOR COUNTY			DISREGARD - FAMILIE	S AID COI	DE 46		01/17/03
			DISREGARD - FAMILIE	S AID COI		ONTHLY AVERA	
AMADOR COUNTY	SUMMARY OF SERVI	CES FOR TITLE II			MC	ONTHLY AVERA	GE
		CES FOR TITLE II UNITS OF SERVICE	DISREGARD - FAMILIE EXPENDITURES	AVERAGE COS	MC ST UNITS/DAYS	S COST PER	GE COST PER
AMADOR COUNTY 00 ELIGIBLES	SUMMARY OF SERVI	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COS PER UNIT/DA	MC ST UNITS/DAYS AY PER ELIG	COST PER USER	GE COST PER ELIGIBLE
AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERVI	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE COS PER UNIT/DA \$.00	MC ST UNITS/DAYS AY PER ELIG .000	COST PER USER \$.00	GE COST PER ELIGIBLE \$.00
AMADOR COUNTY 00 ELIGIBLES	SUMMARY OF SERVI	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COS PER UNIT/DA	MC ST UNITS/DAYS AY PER ELIG	COST PER USER	GE COST PER ELIGIBLE
AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERVI	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00	AVERAGE COS PER UNIT/DA \$.00	MC ST UNITS/DAYS AY PER ELIG .000	COST PER USER \$.00	GE COST PER ELIGIBLE \$.00
AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERVI	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES \$.00 .00 .00	AVERAGE COS PER UNIT/DA \$.00 .00	TUNITS/DAYS AY PER ELIG .000 .000	S COST PER USER \$.00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00
AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERVI	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES \$.00 .00 .00 .00	AVERAGE COS PER UNIT/DA \$.00 .00 .00	MC ST UNITS/DAYS AY PER ELIG .000 .000 .000	S COST PER USER \$.00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00
AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERVI	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES \$.00 .00 .00 .00 .00	AVERAGE COS PER UNIT/DA \$.00 .00 .00 .00	MC ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000	S COST PER USER \$.00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00
AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERVI	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES \$.00 .00 .00 .00 .00	AVERAGE COS PER UNIT/DF \$.00 .00 .00 .00 .00	MC ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000	S COST PER USER \$.00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERVI	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES \$.00 .00 .00 .00 .00 .00 .00	AVERAGE COS PER UNIT/DF \$.00 .00 .00 .00 .00	MC ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000	S COST PER USER \$.00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .
AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERVI	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES \$.00 .00 .00 .00 .00	AVERAGE COS PER UNIT/DF \$.00 .00 .00 .00 .00	MC ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000	S COST PER USER \$.00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERVI	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES \$.00 .00 .00 .00 .00 .00 .00	AVERAGE COS PER UNIT/DF \$.00 .00 .00 .00 .00	MC ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000	S COST PER USER \$.00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .
AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERVI	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES \$.00 .00 .00 .00 .00 .00 .00	AVERAGE COS PER UNIT/DA \$.00 .00 .00 .00 .00 .00	MC ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S COST PER USER \$.00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .
AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERVI	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COS PER UNIT/DA \$.00 .00 .00 .00 .00 .00 .00	MC ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERVI	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COS PER UNIT/DA \$.00 .00 .00 .00 .00 .00 .00 .00	MC ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COS PER UNIT/DA \$.00 .00 .00 .00 .00 .00 .00 .00 .00	MC ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COS PER UNIT/DA \$.00 .00 .00 .00 .00 .00 .00 .00 .00	MC ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COS PER UNIT/DA \$.00 .00 .00 .00 .00 .00 .00 .00	MC ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COS PER UNIT/DA \$.00 .00 .00 .00 .00 .00 .00 .00	MC ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COS PER UNIT/DA \$.00 .00 .00 .00 .00 .00 .00 .00	MC ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COS PER UNIT/DA \$.00 .00 .00 .00 .00 .00 .00 .00	MC ST UNITS/DAYS AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COS PER UNIT/DA \$.00 .00 .00 .00 .00 .00 .00 .00	MC ST UNITS/DAYS AY PER ELIG	S COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COS PER UNIT/DA \$.00 .00 .00 .00 .00 .00 .00 .00	MC ST UNITS/DAYS AY PER ELIG	S COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COS PER UNIT/DA \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC ST UNITS/DAYS AY PER ELIG	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COS PER UNIT/DA \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC ST UNITS/DAYS AY PER ELIG	S COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COS PER UNIT/DA \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC ST UNITS/DAYS AY PER ELIG	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COS PER UNIT/DA \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC ST UNITS/DAYS AY PER ELIG	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERVI USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES FOR TITLE II UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COS PER UNIT/DA \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MC ST UNITS/DAYS AY PER ELIG	\$ COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00	.00	.000	.0	Λ	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.0		.00
	0	0							
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.0		.00
LEV B-TRANSITIONAL IP CARE	U	Ü		.00	.00	.000	.0		.00
LEV B-REGULAR	0	0		.00	.00	.000	.0		.00
@INTERMEDIATE CARE FACILDD	0	0	\$		\$.00	.000	\$.0		.00
ICF DDH	0	0		.00	.00	.000	.0	0	.00
ICF DD	0	0		.00	.00	.000	.0	0	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.0	0	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
HOSPITAL BASED	0	0		.00	.00	.000	.0	0	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.0	0	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
HOSPITAL BASED	0	0		.00	.00	.000	.0	0	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.0	0	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
PATHOLOGY	0	0		.00	.00	.000	.0	0	.00
XO AND OTHERS	0	0		.00	.00	.000	.0	0	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
CLINIC	0	0		.00	.00	.000	.0	0	.00
SURGICENTER	0	0		.00	.00	.000	.0	0	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.0	0	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.0	0	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-O	F-PAYMENT REP	ORT FOR JAN	N 2002 THRU	DEC 2002	PA	GE 660
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DISREGARI	D - FAMILIES	AID COI	DE 46			, , - 0

----- MONTHLY AVERAGE -----

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 .00 .000 \$.00 \$.00 0 .00 .00 DURABLE MED. EQUIP. 0 .00 .000 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 .00 MEDICAL TRANSPORTATION .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .00 OTHER SERVICES .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 PROSTHETICS .00 .00 .000 .00 .00 .000 ORTHOTICS .00 .00 .00 .00 PSYCHOLOGIST .00 .00 .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .000 .00 .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .000 RESPIRATORY CARE PRACT. .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

 $^{{\}tt @*}$ TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 661
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

----- MONTHLY AVERAGE -----315 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 105,496.60 \$ 11.949 \$ 410.49 \$ 334.91 @TOTAL, ALL PROVIDERS 3,764 28.03 126 49 1,501.39 \$ 11.92 .400 \$ 30.64 \$ 4.77 @PHYSICIANS SERVICES .00 0 0 .00 .000 .00 OUTPATIENT VISITS .00 OFFICE VISITS 0 .00 .00 .000 .00 .00 00 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .00 .000 .00 .000 .00 .000 .00 .00 HOME VISITS .00 .00 .00 EMERGENCY ROOM .00 .00 .00 PREVENTIVE CARE .00 OB VISITS/COMPRE PERI .00 .00 .00 .00 OTHER OUTPATIENT .00 .00 INPATIENT VISITS .00 HOSPITAL VISITS .00 .00 .00 CRITICAL CARE .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 EXAMINATIONS .00 .00 SERVICES AND MATERIALS . 00 . 00 .00 .00 .000 . 00 INPATIENT HOSPITAL SURGERY . 00 .00 .00 PRINCIPAL SURGEON .00 .000 .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .00 ANESTHESIOLOGIST .00 .00 OUTPATIENT SURGERY .00 .00 .00 PRINCIPAL SURGEON .00 ASSISTANT SURGEON .00 .00 .00 . 00 ANESTHESIOLOGIST .00 .00 DIALYSIS .00 .00 PATHOLOGY .00 .00 .00 RADIOLOGY .00 .000 PSYCHIATRY .00 .00 .00 0 0 0 49 126 233 2,807 \$ 233 1,020 .00 .00 IMMUNIZATION AND INJECTION .00 .000 .00 1,501.39 OTHER SERVICES/ALL X-OVERS 11.92 .400 30.64 4.77 @PHARMACY 73,044.51 \$ 26.02 8.911 \$ 313.50 \$ 231.89 1,020 PRESCRIPTION DRUGS 233 72,018.87 70.61 3.238 309.09 228.63 0 0 .00 SNF/ICF .00 .00 .000 .00 233 1,020 72,018.87 70.61 3.238 309.09 228.63 OUTPATIENTS 14 1,787 1,025.64 .57 MEDICAL SUPPLIES 5.673 73.26 3.26 .235 \$ 279.87 \$ 56.73 @ DENTIST 4,198.00 \$ 13.33 VISITS - DIAGNOSTIC 6 30 319.00 10.63 .095 53.17 1.01 57.62 15.00 100.00 .00 .00 39.00 5.30 1,671.00 .092 557.00 ORAL SURGERY DRUGS 30.00 .006 15.00 . 10 200.00 100.00 .006 .63 ANESTHESIA .00 .000 .00 .00 PERIODONTICS .00 ENDODONTICS .000 .00 .00 78.00 78.00 RESTORATIVE DENTISTRY .006 .25 PROSTHETICS .00 .00 .000 .00 .00

DENTURES, STAYPLATES	7	9	1,900.00	211.11	.029	271.43	6.03	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU	DEC 2002	PAGE 66	2
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/0	3
AMADOR COUNTY	SUMMARY OF SERVICES	FOR TITLE II D	ISREGARD					
					Mo	ONTHIV AVERAG	'F	

							M	ONT	HLY AVERA	GE	
315 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PEF	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	17	31	\$	543.57	\$	17.53	.098	\$	31.97	\$	1.73
DIAGNOSTIC AND ANC. PROCED	8	8		103.52		12.94	.025		12.94		.33
EYE APPLIANCES	7	16		298.82		18.68	.051		42.69		.95
OTHER OPTOMETRIC SERVICES	5	7		141.23		20.18	.022		28.25		.45
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	·	.00	•	.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	6	6	\$	23.45	\$	3.91	.019	\$	3.91	\$.07
MEDICINE/INJECTIONS	0	0	•	.00		.00	.000	·	.00	·	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	6	6		23.45		3.91	.019		3.91		.07
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	Ś	.00	.000	\$.00	Ś	.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	10	50	Ś	2,186.73	\$	43.73	.159	Ś	218.67	\$	6.94
HOSP INPATIENT TOTAL	1	5	Y	792.00	٧	158.40	.016	Y	792.00	Y	2.51
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0				.00	.000				
ANCILLARIES	1	U		.00 792.00					.00		.00
INPATIENT CROSSOVERS	0	0				158.40	.016		792.00		2.51
ALL OTHER INPATIENT	0	•		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	9	45		1,394.73		30.99	.143		154.97		4.43
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	9	45	_	1,394.73	_	30.99	.143	_	154.97	_	4.43
@COUNTY HOSPITAL TOTAL	1	1	\$	21.24	\$	21.24	.003	Ş	21.24	\$.07
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	21.24	21.24	.003	21.24	.07
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	1	1	21.24	21.24	.003	21.24	.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES M	ONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 663
MOP024	FEE-FOR-SERVICE/DEN	NTAL					01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES	FOR TITLE II DI	SREGARD				
						ITHLY AVERA	
315 ELIGIBLES		ITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	OI	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	49 \$	2,165.49	\$ 44.19	.156 \$		\$ 6.87
COMM HOSP INPATIENT TOTAL	1	5	792.00	158.40	.016	792.00	2.51
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
		_					
INPATIENT CROSSOVERS	1	5	792.00	158.40	.016	792.00	2.51
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	1	5 0 44	792.00 .00 1,373.49	158.40 .00 31.22	.016 .000 .140	792.00 .00 171.69	2.51 .00 4.36

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MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

CROSSOVERS/ALL OTH OUTPTNT	8	44		1,373.49		31.22	.140		171.69		4.36
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	Υ	.00	۲	.00	.000	۲	.00	٣	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B KENAD MD LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
	0										
LEV B-SUBACUTE HSPTL BASED	U	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	Ü	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	9	16	\$	6,230.07	\$	389.38	.051	\$	692.23	\$	19.78
HOSPITAL BASED	0	0		.00	·	.00	.000		.00		.00
HEMODIALYSIS CENTER	9	16		6,230.07		389.38	.051		692.23		19.78
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Y		Y	.00	.000	Y	.00	Y	
	0			.00							.00
INDEPENDENT FACILITY	U	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	6	\$	72.66	\$	12.11		\$	24.22	Ş	.23
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	3	6		72.66		12.11	.019		24.22		.23
@ORGANIZED OUTPATIENT CLINIC	31	69	\$	9,991.52	\$	144.80	.219	\$	322.31	\$	31.72
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	1		199.88		199.88	.003		199.88		.63
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
		U		• 0 0		. 00	. 000		. 00		
RURAL HEALTH CLINIC	•										
RURAL HEALTH CLINIC	30	68	RES N	9,791.64	ZPORT	143.99	.216	DEC	326.39	PZ	31.08
#CALIF DEPT OF HEALTH SERV	30 MEDI-CAL SERVICE	68 S AND EXPENDITU	RES M		EPORT	143.99	.216	DEC	326.39	P	31.08 AGE 664
#CALIF DEPT OF HEALTH SERV MOP024	30 MEDI-CAL SERVICE FEE-FOR-SERVICE	68 S AND EXPENDITU DENTAL		9,791.64 MONTH-OF-PAYMENT RE	EPORT	143.99	.216	DEC	326.39	PZ	31.08
#CALIF DEPT OF HEALTH SERV	30 MEDI-CAL SERVICE	68 S AND EXPENDITU DENTAL		9,791.64 MONTH-OF-PAYMENT RE	EPORT	143.99	.216 2002 THRU		326.39 2002		31.08 AGE 664 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY	30 MEDI-CAL SERVICE FEE-FOR-SERVICE, SUMMARY OF SERVI	68 S AND EXPENDITU DENTAL CES FOR TITLE	II DI	9,791.64 MONTH-OF-PAYMENT RE		143.99 FOR JAN	.216 2002 THRU	ONT	326.39 2002 HLY AVERA	.GE -	31.08 AGE 664 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024	30 MEDI-CAL SERVICE FEE-FOR-SERVICE	68 S AND EXPENDITU DENTAL CES FOR TITLE UNITS OF SERVIC	II DI E	9,791.64 MONTH-OF-PAYMENT RE	AVI	143.99 FOR JAN ERAGE COST	.216 2002 THRU M	ONT	326.39 2002 HLY AVERA COST PER	.GE -	31.08 AGE 664 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 315 ELIGIBLES	30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI	68 S AND EXPENDITU DENTAL CES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR	II DI E E	9,791.64 MONTH-OF-PAYMENT RE ISREGARD EXPENDITURES	AVI PEI	143.99 FOR JAN ERAGE COST UNIT/DAY	.216 2002 THRU M UNITS/DAY PER ELIG	ONT S	326.39 2002 HLY AVERA COST PER USER	.GE - (31.08 AGE 664 01/17/03 COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 315 ELIGIBLES @ALL OTHER PROVIDERS	30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI	68 S AND EXPENDITU DENTAL CES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 579	II DI E	9,791.64 MONTH-OF-PAYMENT RE ISREGARD EXPENDITURES 7,704.70	AVI	143.99 FOR JAN ERAGE COST R UNIT/DAY 13.31	.216 2002 THRU M UNITS/DAY PER ELIG 1.838	ONT S	326.39 2002 HLY AVERA COST PER USER 160.51	.GE - (31.08 AGE 664 01/17/03 COST PER ELIGIBLE 24.46
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 315 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 48 0	68 S AND EXPENDITU DENTAL CES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 579 0	II DI E E	9,791.64 MONTH-OF-PAYMENT RE ISREGARD EXPENDITURES 7,704.70 .00	AVI PEI	143.99 F FOR JAN ERAGE COST UNIT/DAY 13.31 .00	.216 2002 THRU M UNITS/DAY PER ELIG 1.838 .000	ONT S	326.39 2002 HLY AVERA COST PER USER 160.51 .00	.GE - (31.08 AGE 664 01/17/03 COST PER ELIGIBLE 24.46 .00
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 315 ELIGIBLES @ALL OTHER PROVIDERS	30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 48 0 0	68 S AND EXPENDITU DENTAL CES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 579 0 0	II DI E E	9,791.64 MONTH-OF-PAYMENT RE ISREGARD EXPENDITURES 7,704.70 .00 .00	AVI PEI	143.99 FOR JAN ERAGE COST R UNIT/DAY 13.31 .00 .00	.216 2002 THRU M UNITS/DAY PER ELIG 1.838 .000 .000	ONT S	326.39 2002 HLY AVERA COST PER USER 160.51 .00 .00	.GE - (31.08 AGE 664 01/17/03 COST PER ELIGIBLE 24.46
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 315 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 48 0	68 S AND EXPENDITU DENTAL CES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 579 0 0 0	II DI E E	9,791.64 MONTH-OF-PAYMENT RE ISREGARD EXPENDITURES 7,704.70 .00	AVI PEI	143.99 F FOR JAN ERAGE COST UNIT/DAY 13.31 .00	.216 2002 THRU M UNITS/DAY PER ELIG 1.838 .000 .000	ONT S	326.39 2002 HLY AVERA COST PER USER 160.51 .00	.GE - (31.08 AGE 664 01/17/03 COST PER ELIGIBLE 24.46 .00
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 315 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 48 0 0	68 S AND EXPENDITU DENTAL CES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 579 0 0	II DI E E	9,791.64 MONTH-OF-PAYMENT RE ISREGARD EXPENDITURES 7,704.70 .00 .00	AVI PEI	143.99 FOR JAN ERAGE COST R UNIT/DAY 13.31 .00 .00	.216 2002 THRU M UNITS/DAY PER ELIG 1.838 .000 .000	ONT S	326.39 2002 HLY AVERA COST PER USER 160.51 .00 .00	.GE - (31.08 AGE 664 01/17/03 COST PER ELIGIBLE 24.46 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 315 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 48 0 0	68 S AND EXPENDITU DENTAL CES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 579 0 0 0	II DI E E	9,791.64 MONTH-OF-PAYMENT RE ISREGARD EXPENDITURES 7,704.70 .00 .00 .00	AVI PEI	143.99 F FOR JAN ERAGE COST R UNIT/DAY 13.31 .00 .00 .00	.216 2002 THRU M UNITS/DAY PER ELIG 1.838 .000 .000	ONT S	326.39 2002 HLY AVERA COST PER USER 160.51 .00 .00	.GE - (31.08 AGE 664 01/17/03 COST PER ELIGIBLE 24.46 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 315 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 48 0 0	68 S AND EXPENDITU DENTAL CES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 579 0 0 0 71	II DI E E	9,791.64 MONTH-OF-PAYMENT RE ISREGARD EXPENDITURES 7,704.70 .00 .00 .00 .289.22 .00	AVI PEI	143.99 F FOR JAN ERAGE COST R UNIT/DAY 13.31 .00 .00 .00 4.07	.216 2002 THRU M UNITS/DAY PER ELIG 1.838 .000 .000 .000	ONT S	326.39 2002 HLY AVERA COST PER USER 160.51 .00 .00 .00 .96.41	.GE - (31.08 AGE 664 01/17/03 COST PER ELIGIBLE 24.46 .00 .00 .00 .92
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 315 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 48 0 0 0 0 3 0	68 S AND EXPENDITU DENTAL CES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 579 0 0 0 71 0 0	II DI E E	9,791.64 MONTH-OF-PAYMENT RE ISREGARD EXPENDITURES 7,704.70 .00 .00 .00 289.22 .00 .00	AVI PEI	143.99 F FOR JAN ERAGE COST R UNIT/DAY 13.31 .00 .00 .00 4.07 .00 .00	.216 2002 THRU M. UNITS/DAY PER ELIG 1.838 .000 .000 .000 .225 .000 .000	ONT S	326.39 2002 HLY AVERA COST PER USER 160.51 .00 .00 .00 .96.41 .00 .00	.GE - (31.08 AGE 664 01/17/03 COST PER ELIGIBLE 24.46 .00 .00 .00 .92 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 315 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 48 0 0 0 0 3 0	68 S AND EXPENDITU DENTAL CES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 579 0 0 0 71 0 0 71	II DI E E	9,791.64 MONTH-OF-PAYMENT RE ISREGARD EXPENDITURES 7,704.70 .00 .00 .00 .289.22 .00 .00 .289.22	AVI PEI	143.99 FOR JAN ERAGE COST R UNIT/DAY 13.31 .00 .00 4.07 .00 .00 4.07	.216 2002 THRU M UNITS/DAY PER ELIG 1.838 .000 .000 .000 .225 .000	ONT S	326.39 2002 HLY AVERA COST PER USER 160.51 .00 .00 .00 .00 .96.41 .00 .00	.GE - (31.08 AGE 664 01/17/03 COST PER ELIGIBLE 24.46 .00 .00 .00 .92 .00 .92
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 315 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 48 0 0 0 0 3 0	68 CS AND EXPENDITU DENTAL CCES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 579 0 0 71 0 71 0 71	II DI E E	9,791.64 MONTH-OF-PAYMENT RE ISREGARD EXPENDITURES 7,704.70 .00 .00 .00 .289.22 .00 .00 .289.22 .00	AVI PEI	143.99 FOR JAN ERAGE COST R UNIT/DAY 13.31 .00 .00 .00 4.07 .00 4.07 .00	.216 2002 THRU M UNITS/DAY PER ELIG 1.838 .000 .000 .000 .225 .000	ONT S	326.39 2002 HLY AVERA COST PER USER 160.51 .00 .00 .00 .00 .96.41 .00 .96.41	.GE - (31.08 AGE 664 01/17/03 COST PER ELIGIBLE 24.46 .00 .00 .00 .92 .00 .92 .00
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 315 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 48 0 0 0 0 3 0 0 3 0 0 0	68 CS AND EXPENDITU DENTAL CCES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 579 0 0 71 0 71 0 71 0 0	II DI E E	9,791.64 MONTH-OF-PAYMENT RE ISREGARD EXPENDITURES 7,704.70 .00 .00 .00 .289.22 .00 .00 .289.22 .00 .00 .00	AVI PEI	143.99 FOR JAN ERAGE COST R UNIT/DAY 13.31 .00 .00 .00 4.07 .00 4.07 .00 .00 4.07	.216 2002 THRU M. UNITS/DAY PER ELIG 1.838 .000 .000 .000 .225 .000 .000 .225	ONT S	326.39 2002 HLY AVERA COST PER USER 160.51 .00 .00 .96.41 .00 .96.41 .00	.GE - (31.08 AGE 664 01/17/03 COST PER ELIGIBLE 24.46 .00 .00 .00 .92 .00 .92 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 315 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 48 0 0 0 0 3 0 0 3 0 0 0 0 0 0	68 CS AND EXPENDITU DENTAL CCES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 579 0 0 0 71 0 71 0 0 71 0 0 0	II DI E E	9,791.64 MONTH-OF-PAYMENT RE ISREGARD EXPENDITURES 7,704.70 .00 .00 .00 .289.22 .00 .00 .289.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI	143.99 FOR JAN ERAGE COST R UNIT/DAY 13.31 .00 .00 4.07 .00 4.07 .00 .00 4.07 .00 .00	.216 2002 THRU M UNITS/DAY PER ELIG 1.838 .000 .000 .000 .225 .000 .000 .225	ONT S	326.39 2002 HLY AVERA COST PER USER 160.51 .00 .00 .96.41 .00 .00 96.41 .00 .00	.GE - (31.08 AGE 664 01/17/03 COST PER ELIGIBLE 24.46 .00 .00 .00 .00 .92 .00 .00 .92 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 315 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 48 0 0 0 0 3 0 0 3 0 0 24	68 CS AND EXPENDITU DENTAL CCES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 579 0 0 0 71 0 71 0 0 71 0 0 59	II DI E E	9,791.64 MONTH-OF-PAYMENT RESERVED EXPENDITURES 7,704.70 .00 .00 .00 .289.22 .00 .00 .289.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI	143.99 FOR JAN ERAGE COST R UNIT/DAY 13.31 .00 .00 4.07 .00 .00 4.07 .00 .00 108.83	.216 2002 THRU M UNITS/DAY PER ELIC 1.838 .000 .000 .000 .225 .000 .000 .225 .000 .000	ONT S	326.39 2002 HLY AVERA COST PER USER 160.51 .00 .00 .96.41 .00 .00 96.41 .00 .00 .00	.GE - (31.08 AGE 664 01/17/03 COST PER ELIGIBLE 24.46 .00 .00 .00 .92 .00 .00 .92 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 315 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 48 0 0 0 0 3 0 0 3 0 0 0 0 0 0	68 CS AND EXPENDITU DENTAL CCES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 579 0 0 0 71 0 71 0 0 71 0 59 0	II DI E E	9,791.64 MONTH-OF-PAYMENT RESERVED EXPENDITURES 7,704.70 .00 .00 .00 .289.22 .00 .00 .289.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI	143.99 FOR JAN ERAGE COST R UNIT/DAY 13.31 .00 .00 4.07 .00 .00 4.07 .00 .00 108.83 .00	.216 2002 THRU M C UNITS/DAY PER ELIG 1.838 .000 .000 .000 .225 .000 .000 .225 .000 .000	ONT S	326.39 2002 HLY AVERA COST PER USER 160.51 .00 .00 .96.41 .00 .00 .96.41 .00 .00 .00	.GE - (31.08 AGE 664 01/17/03 COST PER ELIGIBLE 24.46 .00 .00 .00 .92 .00 .00 .92 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 315 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 48 0 0 0 0 3 0 0 3 0 0 24 0 7	68 CS AND EXPENDITU DENTAL CCES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 579 0 0 71 0 71 0 71 0 0 759 0 14	II DI E E	9,791.64 MONTH-OF-PAYMENT RESERVED EXPENDITURES 7,704.70 .00 .00 .00 .289.22 .00 .00 .289.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI	143.99 FOR JAN ERAGE COST R UNIT/DAY 13.31 .00 .00 4.07 .00 .00 4.07 .00 .00 108.83 .00 12.74	.216 2002 THRU M C UNITS/DAY PER ELIG 1.838 .000 .000 .000 .225 .000 .000 .225 .000 .000	ONT S	326.39 2002 HLY AVERA COST PER USER 160.51 .00 .00 .96.41 .00 .00 .96.41 .00 .00 .00 .267.54	.GE - (31.08 AGE 664 01/17/03 COST PER ELIGIBLE 24.46 .00 .00 .00 .92 .00 .00 .92 .00 .00 .92 .00 .57
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 315 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 48 0 0 0 0 3 0 0 0 24 0 7 0	68 S AND EXPENDITU DENTAL CES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 579 0 0 0 71 0 0 71 0 0 59 0 14	II DI E E	9,791.64 MONTH-OF-PAYMENT RE ISREGARD EXPENDITURES 7,704.70 .00 .00 .00 .00 .289.22 .00 .00 .289.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI	143.99 FOR JAN ERAGE COST R UNIT/DAY 13.31 .00 .00 4.07 .00 .00 4.07 .00 .00 108.83 .00 12.74 .00	.216 2002 THRU M C UNITS/DAY PER ELIG 1.838 .000 .000 .000 .000 .225 .000 .000 .000	ONT S	326.39 2002 HLY AVERA COST PER USER 160.51 .00 .00 .96.41 .00 .00 .96.41 .00 .00 .00 267.54 .00 .25.48	.GE - (31.08 AGE 664 01/17/03 COST PER ELIGIBLE 24.46 .00 .00 .00 .92 .00 .00 .92 .00 .00 .00 .57 .00
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 315 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 48 0 0 0 0 3 0 0 24 0 7 0 0 0	68 S AND EXPENDITU DENTAL CES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 579 0 0 71 0 0 71 0 0 71 1 0 1 0 1 1 0 0 0 71 0 0 0 71 0 0 0 71	II DI E E	9,791.64 MONTH-OF-PAYMENT RE ISREGARD EXPENDITURES 7,704.70 .00 .00 .00 .289.22 .00 .00 .289.22 .00 .00 .00 .00 .178.38 .00 .00	AVI PEI	143.99 FOR JAN ERAGE COST R UNIT/DAY 13.31 .00 .00 4.07 .00 .00 4.07 .00 .00 108.83 .00 12.74 .00 .00	.216 2002 THRU M C UNITS/DAY PER ELIC 1.838 .000 .000 .000 .225 .000 .000 .225 .000 .000	ONT S	326.39 2002 HLY AVERA COST PER USER 160.51 .00 .00 96.41 .00 .00 96.41 .00 .00 267.54 .00 25.48	.GE - (31.08 AGE 664 01/17/03 COST PER ELIGIBLE 24.46 .00 .00 .00 .92 .00 .00 .00 .00 .00 .57 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 315 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 48 0 0 0 0 3 0 0 24 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	68 S AND EXPENDITU DENTAL CES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 579 0 0 0 71 0 0 71 0 0 14 0 0 0 0 14	II DI E E	9,791.64 MONTH-OF-PAYMENT RE ISREGARD EXPENDITURES 7,704.70 .00 .00 .00 .289.22 .00 .00 .289.22 .00 .00 .00 .00 .178.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI	143.99 FOR JAN ERAGE COST R UNIT/DAY 13.31 .00 .00 4.07 .00 .00 4.07 .00 .00 108.83 .00 12.74 .00 .00 .00	.216 2002 THRU M T UNITS/DAY PER ELIC 1.838 .000 .000 .000 .225 .000 .000 .225 .000 .000	ONT S	326.39 2002 HLY AVERA COST PER USER 160.51 .00 .00 96.41 .00 .00 96.41 .00 .00 267.54 .00 25.48	.GE - (31.08 AGE 664 01/17/03 COST PER ELIGIBLE 24.46 .00 .00 .00 .92 .00 .00 .92 .00 .00 .00 .57 .00
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 315 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 48 0 0 0 0 3 0 0 24 0 7 0 0 0	68 S AND EXPENDITU DENTAL CES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 579 0 0 71 0 0 71 0 0 71 1 0 1 0 1 1 0 0 0 71 0 0 0 71 0 0 0 71	II DI E E	9,791.64 MONTH-OF-PAYMENT RE ISREGARD EXPENDITURES 7,704.70 .00 .00 .00 .289.22 .00 .00 .289.22 .00 .00 .00 .00 .178.38 .00 .00	AVI PEI	143.99 FOR JAN ERAGE COST R UNIT/DAY 13.31 .00 .00 4.07 .00 .00 4.07 .00 .00 108.83 .00 12.74 .00 .00	.216 2002 THRU M C UNITS/DAY PER ELIC 1.838 .000 .000 .000 .225 .000 .000 .225 .000 .000	ONT S	326.39 2002 HLY AVERA COST PER USER 160.51 .00 .00 96.41 .00 .00 96.41 .00 .00 267.54 .00 25.48	.GE - (31.08 AGE 664 01/17/03 COST PER ELIGIBLE 24.46 .00 .00 .00 .92 .00 .00 .00 .00 .00 .57 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 315 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 48 0 0 0 0 3 0 0 24 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	68 S AND EXPENDITU DENTAL CES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 579 0 0 0 71 0 0 71 0 0 14 0 0 0 0 14	II DI E E	9,791.64 MONTH-OF-PAYMENT RE ISREGARD EXPENDITURES 7,704.70 .00 .00 .00 .289.22 .00 .00 .289.22 .00 .00 .00 .00 .178.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI	143.99 FOR JAN ERAGE COST R UNIT/DAY 13.31 .00 .00 4.07 .00 .00 4.07 .00 .00 108.83 .00 12.74 .00 .00 .00	.216 2002 THRU M T UNITS/DAY PER ELIC 1.838 .000 .000 .000 .225 .000 .000 .225 .000 .000	ONT S	326.39 2002 HLY AVERA COST PER USER 160.51 .00 .00 96.41 .00 .00 96.41 .00 .00 267.54 .00 25.48	.GE - (31.08 AGE 664 01/17/03 COST PER ELIGIBLE 24.46 .00 .00 .00 .92 .00 .00 .00 .00 .00 .57 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 315 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 48 0 0 0 0 3 0 0 0 24 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	68 S AND EXPENDITU DENTAL CES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 579 0 0 0 71 0 0 71 0 0 14 0 0 0 0 14	II DI E E	9,791.64 MONTH-OF-PAYMENT RE ISREGARD EXPENDITURES 7,704.70 .00 .00 .00 .289.22 .00 .00 .289.22 .00 .00 .00 .00 .178.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI	143.99 FOR JAN ERAGE COST R UNIT/DAY 13.31 .00 .00 4.07 .00 .00 4.07 .00 .00 108.83 .00 12.74 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.216 2002 THRU M T UNITS/DAY PER ELIC 1.838 .000 .000 .000 .225 .000 .000 .225 .000 .000	ONT S	326.39 2002 HLY AVERA COST PER USER 160.51 .00 .00 .00 96.41 .00 .00 .00 267.54 .00 .25.48 .00 .00	.GE - (31.08 AGE 664 01/17/03 COST PER ELIGIBLE 24.46 .00 .00 .00 .92 .00 .00 .00 .00 .00 .57 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 315 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	30 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVI USERS 48 0 0 0 0 3 0 0 0 24 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	68 S AND EXPENDITU DENTAL CES FOR TITLE UNITS OF SERVIC OR DAYS OF CAR 579 0 0 71 0 0 71 0 0 71 0 0 14 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	II DI E E	9,791.64 MONTH-OF-PAYMENT RESTRICTION EXPENDITURES 7,704.70 .00 .00 .00 .289.22 .00 .00 .289.22 .00 .00 .00 .00 .178.38 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI	143.99 FOR JAN ERAGE COST R UNIT/DAY 13.31 .00 .00 4.07 .00 .00 4.07 .00 .00 108.83 .00 12.74 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.216 2002 THRU M T UNITS/DAY T PER ELIC 1.838 .000 .000 .000 .225 .000 .000 .225 .000 .000	ONT S	326.39 2002 HLY AVERA COST PER USER 160.51 .00 .00 .00 96.41 .00 .00 .00 267.54 .00 .25.48 .00 .00 .00	.GE - (31.08 AGE 664 01/17/03 COST PER ELIGIBLE 24.46 .00 .00 .00 .92 .00 .00 .92 .00 .00 .57 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	23	435		816.24	1.88	1.381	35.49	2.59
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	75	363	\$	11,334.30	\$ 31.22	1.152	\$ 151.12	\$ 35.98
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	TNFORMATION	TTEM ONLY:					

* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 665 #CALIF DEPT OF HEALTH SERV 01/17/03 MOP024 FEE-FOR-SERVICE/DENTAL AMADOR COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

AMADOR COUNTI	SUMMARI OF SER	VICES FOR IN HOM	E 50	PPORI - AGED		AID CODE					
							MC			-	
363 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAYS	. (COST PER
		OR DAYS OF CAR				UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	278	9,369	\$	139,589.22	\$	14.90	25.810		502.12		384.54
@PHYSICIANS SERVICES	58	173	\$	1,636.52	\$	9.46	.477	\$	28.22	\$	4.51
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	58	173		1,636.52		9.46	.477		28.22		4.51
@PHARMACY	227	1,195	\$	58,551.95	\$	49.00	3.292	\$	257.94	\$	161.30
PRESCRIPTION DRUGS	224	950		57,297.56		60.31	2.617		255.79		157.84
SNF/ICF	13	79		3,703.92		46.89	.218		284.92		10.20
OUTPATIENTS	212	871		53,593.64		61.53	2.399		252.80		147.64
MEDICAL SUPPLIES	20	245		1,254.39		5.12	.675		62.72		3.46
@DENTIST	6	16	\$	671.00	\$	41.94		\$	111.83	\$	1.85
VISITS - DIAGNOSTIC	3	10	•	78.00	•	7.80	.028		26.00		.21
ORAL SURGERY	1	2		123.00		61.50	.006		123.00		.34

PDIICO	0	0		0.0		0.0	000		0.0		0.0
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	4		470.00		117.50	.011		156.67		1.29
,	3	4									
SPACE MAINTAINERS	U	U		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MO	ONTH-OF-PAYMENT RE	.PORT	FOR TAN	2002 THRII	DEC	2002	P	AGE 666
MOP024	FEE-FOR-SERVICE				11 01(1	. 1010 01110 1	2002 111110		2002	-	01/17/03
			CIIDI	DODE ACED		ATD CODE	1.0				01/1//03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUPI	PORT - AGED		AID CODE					
							M				
363 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	13	26	\$	437.75	\$	16.84	.072	\$	33.67	\$	1.21
DIAGNOSTIC AND ANC. PROCED	5	5	·	40.05	·	8.01	.014		8.01		.11
EYE APPLIANCES	5	17		276.83		16.28	.047		55.37		.76
OTHER OPTOMETRIC SERVICES	5	4		120.87		30.22	.011		24.17		.33
	5										
@CHIROPRACTOR	0	0	\$.00	\$.00		\$.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	3	3	\$	39.01	\$	13.00	.008	\$	13.00	\$.11
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	3	•				13.00					
·	3	3	<u> </u>	39.01	~		.008	<u> </u>	13.00	<u> </u>	.11
@HOME HEALTH AGENCY	U	0	\$.00	\$.00	.000	\$.00	Ş	.00
NURSE ANESTHESIST	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	19	190	Ś	8,432.20	Ś	44.38	.523	\$	443.80	\$	23.23
HOSP INPATIENT TOTAL	9	28	'	6,271.11	'	223.97	.077		696.79		17.28
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
	•										
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	9	28		6,271.11		223.97	.077		696.79		17.28
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	•										
HOSP OUTPATIENT TOTAL	10	162		2,161.09		13.34	.446		216.11		5.95
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		162		2,161.09		13.34	.446		216.11		5.95
· · · · · · · · · · · · · · ·	0	0	\$.00	\$.00	.000	ċ	.00	ċ	.00
@COUNTY HOSPITAL TOTAL			Ą		Ą			ې		ې	
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	•	RES MO					D	AGE 667
MOP024	FEE-FOR-SERVICE/		INDO PIO	WIN OF TATREMI W	BIORI FOR OAN	2002 IIIKO DE	10 2002	1.7	01/17/03
AMADOR COUNTY			E GIIDD	ORT - AGED	AID CODE	r 18			01/1//03
ANADOR COUNT	SOMMAN OF SERVE	CES FOR IN HOR	DOLL	OKI AGED	AID CODE	MON	THT.V AWERA	CF	
363 ELIGIBLES	USERS	UNITS OF SERVIC	F	EXPENDITURES	AMERACE COST	UNITS/DAYS		-	COST PER
303 EDIGIDEES	OBENS	OR DAYS OF CAR		EXIENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19	190	\$	8,432.20	\$ 44.38	.523 \$			23.23
COMM HOSP INPATIENT TOTAL	9	28	Y	6,271.11	223.97	.077	696.79	Ÿ	17.28
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	28		6,271.11	223.97	.077	696.79		17.28
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	10	162		2,161.09	13.34	.446	216.11		5.95
MEDICAL	0	0		2,161.09	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	•	162		2,161.09	13.34	.446	216.11		5.95
@STATE HOSPITAL	0	0	\$	•	\$.00	.000 \$		ċ	.00
MENTALLY ILL	0	0	Ą	.00	.00	.000	.00	ې	.00
	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	9	236	Ś	.00 37,037.88	\$ 156.94		4115.32	ċ	102.03
@NURSING FACILITY	9		Ą	•				Ą	
LEV A-INTERMEDIATE	U	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	U	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	U	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0			.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	U	0		.00	.00	.000	.00		.00

236

0

0

0

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

37,037.88

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346.61

346.61

156.94

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.00 \$

102.03

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@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	9	10	\$	409.01	\$	40.90	.028	\$ 45.45	\$	1.13
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	9	10		409.01		40.90	.028	45.45		1.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES 1	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2002 THRU D	EC 2002	P	AGE 668
MOP024	FEE-FOR-SERVICE	/DENTAL								01/17/03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUI	PPORT - AGED		AID CODE	18			
							MO	NTHLY AVER	AGE	
363 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	135	7,520	\$	32,027.29	\$	4.26	20.716	\$ 237.24	\$	88.23
DURABLE MED. EQUIP.	4	11		374.49		34.04	.030	93.62		1.03
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	16	346		1,242.31		3.59	.953	77.64		3.42
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	2	41		118.06		2.88	.113	59.03		.33
OTHER SERVICES	14	305		1,124.25		3.69	.840	80.30		3.10
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	56	449		21,061.69		46.91	1.237	376.10		58.02
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	5	10		111.52		11.15	.028	22.30		.31
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	18	1,905.84	105.88	.050	952.92	5.25
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	87	6,686	7,331.44	1.10	18.419	84.27	20.20
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	132	863	\$ 27,146.54	\$ 31.46	2.377	\$ 205.66	\$ 74.78

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 669
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
AMADOR COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND ALD CODE 28

AMADOR COUNTY	SUMMARY OF SER	VICES FOR IN HOME S	UPPORT -	BLIND		AID CODE			
							MO	NTHLY AVERA	AGE
03 ELIGIBLES	USERS	UNITS OF SERVICE	EXP	ENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00		.00	.000	.00	.00
OFFICE VISITS	0	0		.00		.00	.000	.00	.00
HOME VISITS	0	0		.00		.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00		.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00		.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00		.00	.000	.00	.00
INPATIENT VISITS	0	0		.00		.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00	.00
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT REPORT	r for Jan 20	02 THRU DEC	2002	PAGE 670
MOP024	FEE-FOR-SERVICE/DENTA	ΔL					01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES E	OR IN HOME SUPP	ORT - BLIND	AID CODE 2	:8		
				-	MONT	HLY AVERAG	E
US ELICIBLES	TICEDS TINITES	OF SERVICE	EADEMULTUIDES VIII	TRACE COST I	INITTO/DAVO	COCH DED	COST DED

03 ELICIDIES	HOEDO	INTER OF CEDITOR	EADENDIMIDEO	70 7 7 777 7	ACE COCE			nli Avera COST PER	COCH DED
03 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAY	-		COST PER
O O DETONITIED TO T	0	OR DAYS OF CARE	0.0		UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	0	0	.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	0	0	.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00	.00
HSC HOSPITALS	0	0	.00		.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00	.00
ANCILLARIES	0	0	.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00	.00
MEDICAL	0	0	.00		.00	.000		.00	.00
SURGERY	0	0	.00		.00	.000		.00	.00
PATHOLOGY	0	0	.00		.00	.000		.00	.00
	Ŭ	· ·	.00		• • •	• • • •			

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN 20	02 THRU DEC	2002	PAGE 671
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	IN HOME SUP	PORT - BLIND	AID CODE 2	8		
				-	MONTH	HLY AVERAGE	Ξ

03 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	(COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00

ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH-O	F-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC 2002	PAG	
MOP024	FEE-FOR-SERVICE/DENTAL	1								01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FO	OR IN HOME	SUPPORT -	BLIND		AID CODE	28			
								ONTHLY AVER		
02 BITCIDIEC	TICEDO INTEG	OF CEDITION	T3.72		70 7 7 77 77	ACE COCE		C COCH DEE	~~	ממת שנ

03 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 673 01/17/03 MOP024 FEE-FOR-SERVICE/DENTAL

1101 02 1	I DD I OIL DDILLY I C.								01/1/0
AMADOR COUNTY	SUMMARY OF SER	VICES FOR IN	HOME	SUPPO	RT - DISABLED	AID CODE	68		
							MO	NTHLY AVERAG	E
176 ELIGIBLES	USERS	UNITS OF SER	RVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF	CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	152	4,28	82	\$	83,607.64	\$ 19.53	24.330	\$ 550.05	\$ 475.04
@PHYSICIANS SERVICES	35	(96	\$	1,479.06	\$ 15.41	.545	\$ 42.26	\$ 8.40
OUTPATIENT VISITS	10	1	12		356.29	29.69	.068	35.63	2.02
OFFICE VISITS	10	1	12		356.29	29.69	.068	35.63	2.02
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		4.00	.00	.000	.00	.02
HOSPITAL VISITS	0		0		4.00	.00	.000	.00	.02
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	1		1		2.99	2.99	.006	2.99	.02

RADIOLOGY	4	8		252.60	31.58	.045		63.15		1.44
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	25	75		863.18	11.51	.426		34.53		4.90
@PHARMACY	136	2,320	\$	46,371.13 \$	19.99	13.182	\$	340.96	\$	263.47
PRESCRIPTION DRUGS	130	655		42,875.87	65.46	3.722		329.81		243.61
SNF/ICF	4	45		1,117.20	24.83	.256		279.30		6.35
OUTPATIENTS	126	610		41,758.67	68.46	3.466		331.42		237.27
MEDICAL SUPPLIES	37	1,665		3,495.26	2.10	9.460		94.47		19.86
@DENTIST	6	30	\$	1,889.00 \$	62.97	.170	\$	314.83	\$	10.73
VISITS - DIAGNOSTIC	4	9		236.00	26.22	.051		59.00		1.34
ORAL SURGERY	1	13		501.00	38.54	.074		501.00		2.85
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	0	0		.00	.00	.000		.00		.00
PERIODONTICS	0	0		.00	.00	.000		.00		.00
ENDODONTICS	0	0		.00	.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	6		252.00	42.00	.034		252.00		1.43
PROSTHETICS	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	1	2		900.00	450.00	.011		900.00		5.11
SPACE MAINTAINERS	0	0		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUR	ES I	MONTH-OF-PAYMENT REPO	RT FOR JAN	2002 THRU	DEC	2002	PA	GE 674

AID CODE 68

01/17/03

FEE-FOR-SERVICE/DENTAL

MOP024

AMADOR COUNTY

----- MONTHLY AVERAGE -----176 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE @OPTOMETRIST 14 322.04 23.00 .080 \$ 1.83 64.41 \$ 2 47.45 47.45 DIAGNOSTIC AND ANC. PROCED 94.90 .011 .54 EYE APPLIANCES 159.33 17.70 .051 53.11 . 91 22.60 33.91 OTHER OPTOMETRIC SERVICES 67.81 .017 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 .00 .000 .00 VISITS Ω .00 .00 .00 .00 .00 OTHER SERVICES .000 .00 @PODIATRIST 15 272.93 18.20 .085 \$ 38.99 \$ 1.55 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 SURGERY/ANES. 0 .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 15 272.93 18.20 .085 38.99 1.55 @HOME HEALTH AGENCY 10 658.23 \$ 65.82 .057 \$ 219.41 \$ 3.74 NURSE ANESTHESIST Ω .00 .00 .000 \$.00 .00 .00 .00 .000 \$.00 NURSE MIDWIFE .00 0 .00 .000 \$.00 \$.00 PEDIATRIC NURSE PRACTITIONER 0 .000 FAMILY NURSE PRACTITIONER .00 .00 .00 \$.00 56 @TOTAL HOSPITAL 2,625.91 46.89 .318 \$ 154.47 14.92 HOSP INPATIENT TOTAL 5 812.00 162.40 .028 812.00 4.61 .00 .00 HSC HOSPITALS .00 .000 .00 .00 .00 .00 NON-HSC HOSPITAL TOTAL .000 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .000 .00 .00 .00 .00 ANCILLARIES .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

		_					
INPATIENT CROSSOVERS	1	5	812.00	162.40	.028	812.00	4.61
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	16	51	1,813.91	35.57	.290	113.37	10.31
MEDICAL	3	4	403.69	100.92	.023	134.56	2.29
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	24	371.75	15.49	.136	61.96	2.11
	O	5	271.07				
RADIOLOGY	5			54.21	.028	54.21	1.54
ROOM USE	2	3	205.09	68.36	.017	102.55	1.17
CROSSOVERS/ALL OTH OUTPTNT	10	15	562.31	37.49	.085	56.23	3.19
@COUNTY HOSPITAL TOTAL	0	0 \$	3.45	\$.00	.000 \$.00	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	
ADMINISTRATIVE DAYS	0	0			.000		.00
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	3.45	.00	.000	.00	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	
PATHOLOGY	U	U			.000		.00
RADIOLOGY	Ü	0	.00	.00	.000	.00	.00
ROOM USE	0	0	3.45	.00	.000	.00	.02
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MON	ITH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DEC	2002	PAGE 675
MOP024	FEE-FOR-SERVICE/DE	NTAT.					01/17/03
AMADOR COUNTY			DRT - DISABLED	AID CODE	68		01/11/05
AMADOR COUNTY		S FOR IN HOME SUPPO	DRT - DISABLED	AID CODE		THIY AVERA	. , , ,
	SUMMARY OF SERVICE	S FOR IN HOME SUPPO	-		MONT		GE
	SUMMARY OF SERVICE USERS UN	S FOR IN HOME SUPPO HITS OF SERVICE	ORT - DISABLED EXPENDITURES	AVERAGE COST	MONT UNITS/DAYS	COST PER	GE COST PER
176 ELIGIBLES	SUMMARY OF SERVICE USERS UN	S FOR IN HOME SUPPO NITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONT UNITS/DAYS PER ELIG	COST PER USER	GE COST PER ELIGIBLE
176 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERVICE USERS UN C 17	S FOR IN HOME SUPPO SITS OF SERVICE OR DAYS OF CARE 56 \$	EXPENDITURES 2,622.46	AVERAGE COST PER UNIT/DAY \$ 46.83	MONT UNITS/DAYS PER ELIG .318 \$	COST PER USER 154.26	GE COST PER ELIGIBLE \$ 14.90
176 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERVICE USERS UN 17 1	S FOR IN HOME SUPPO STATE OF SERVICE OR DAYS OF CARE 56 \$ 5	EXPENDITURES 2,622.46 812.00	AVERAGE COST PER UNIT/DAY \$ 46.83 162.40	MONT UNITS/DAYS PER ELIG .318 \$.028	COST PER USER 154.26 812.00	GE COST PER ELIGIBLE \$ 14.90 4.61
176 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERVICE USERS UN C 17	S FOR IN HOME SUPPO SITS OF SERVICE OR DAYS OF CARE 56 \$	EXPENDITURES 2,622.46 812.00 .00	AVERAGE COST PER UNIT/DAY \$ 46.83 162.40 .00	MONT UNITS/DAYS PER ELIG .318 \$	COST PER USER 154.26 812.00 .00	GE COST PER ELIGIBLE \$ 14.90
176 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERVICE USERS UN 17 1	S FOR IN HOME SUPPO STATE OF SERVICE OR DAYS OF CARE 56 \$ 5	EXPENDITURES 2,622.46 812.00	AVERAGE COST PER UNIT/DAY \$ 46.83 162.40	MONT UNITS/DAYS PER ELIG .318 \$.028	COST PER USER 154.26 812.00	GE COST PER ELIGIBLE \$ 14.90 4.61
176 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERVICE USERS UN 17 1	S FOR IN HOME SUPPO STATE OF SERVICE OR DAYS OF CARE 56 \$ 5	EXPENDITURES 2,622.46 812.00 .00	AVERAGE COST PER UNIT/DAY \$ 46.83 162.40 .00	MONT UNITS/DAYS PER ELIG .318 \$.028 .000	COST PER USER 154.26 812.00 .00	GE COST PER ELIGIBLE \$ 14.90 4.61 .00
176 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERVICE USERS UN 17 1	S FOR IN HOME SUPPO STATE OF SERVICE OR DAYS OF CARE 56 \$ 5	2,622.46 812.00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 46.83 162.40 .00 .00	MONT UNITS/DAYS PER ELIG .318 \$.028 .000 .000	COST PER USER 154.26 812.00 .00 .00	GE COST PER ELIGIBLE \$ 14.90 4.61 .00 .00 .00
176 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERVICE USERS UN 17 1	S FOR IN HOME SUPPO STATE OF SERVICE OR DAYS OF CARE 56 \$ 5	2,622.46 812.00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 46.83 162.40 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .318 \$.028 .000 .000 .000	COST PER USER 154.26 812.00 .00 .00	GE COST PER ELIGIBLE \$ 14.90 4.61 .00 .00 .00 .00
176 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERVICE USERS UN 17 1 0 0 0 0 0	S FOR IN HOME SUPPO STATE OF SERVICE OR DAYS OF CARE 56 \$ 5	2,622.46 812.00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 46.83 162.40 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .318 \$.028 .000 .000 .000 .000	COST PER USER 154.26 812.00 .00 .00 .00	GE COST PER ELIGIBLE \$ 14.90 4.61 .00 .00 .00 .00 .00
176 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERVICE USERS UN 17 1	S FOR IN HOME SUPPO STATE OF SERVICE OR DAYS OF CARE 56 \$ 5	2,622.46 812.00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 46.83 162.40 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .318 \$.028 .000 .000 .000 .000 .000	COST PER USER 154.26 812.00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 14.90 4.61 .00 .00 .00 .00 .00 .00 .00
176 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERVICE USERS UN 17 1 0 0 0 0 0	S FOR IN HOME SUPPO STATE OF SERVICE OR DAYS OF CARE 56 \$ 5	2,622.46 812.00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 46.83 162.40 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .318 \$.028 .000 .000 .000 .000 .000 .000	COST PER USER 154.26 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 14.90 4.61 .00 .00 .00 .00 .00 .00 .00 .00
176 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERVICE USERS UN C 17 1 0 0 0 0 0 1 1 1 1 1 1 1	S FOR IN HOME SUPPO STATE OF SERVICE OR DAYS OF CARE 56 \$ 5	2,622.46 812.00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 46.83	MONT UNITS/DAYS PER ELIG .318 \$.028 .000 .000 .000 .000 .000 .000 .000	COST PER USER 154.26 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 14.90 4.61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
176 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERVICE USERS UN 17 1 0 0 0 0 0 1 1 0 1	SS FOR IN HOME SUPPO NITS OF SERVICE DR DAYS OF CARE 56 \$ 50 0 0 0 0 0 0 0 0 0 0	2,622.46 812.00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 46.83	MONT UNITS/DAYS PER ELIG .318 \$.028 .000 .000 .000 .000 .000 .000 .000	COST PER USER 154.26 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 14.90 4.61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
176 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERVICE USERS UN 17 1 0 0 0 0 0 0 1 0 1 1 0 1 6	SS FOR IN HOME SUPPO NITS OF SERVICE DR DAYS OF CARE 56 \$ 50 0 0 0 0 0 0 0 0 5 0 0 0 5	2,622.46 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 46.83 162.40 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .318 \$.028 .000 .000 .000 .000 .000 .000 .000	COST PER USER 154.26 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 14.90 4.61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
176 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERVICE USERS UN 17 1 0 0 0 0 0 1 1 0 1	SS FOR IN HOME SUPPO NITS OF SERVICE DR DAYS OF CARE 56 \$ 50 0 0 0 0 0 0 0 0 0 0	2,622.46 812.00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 46.83	MONT UNITS/DAYS PER ELIG .318 \$.028 .000 .000 .000 .000 .000 .000 .000	COST PER USER 154.26 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 14.90 4.61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
176 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERVICE USERS UN 17 1 0 0 0 0 0 0 1 0 1 1 0 1 6	SS FOR IN HOME SUPPO NITS OF SERVICE DR DAYS OF CARE 56 \$ 50 0 0 0 0 0 0 0 0 5 0 0 0 5	2,622.46 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 46.83 162.40 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .318 \$.028 .000 .000 .000 .000 .000 .000 .000	COST PER USER 154.26 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 14.90 4.61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
176 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERVICE USERS UN 17 1 0 0 0 0 0 0 1 0 1 1 0 1 6 3	SS FOR IN HOME SUPPO NITS OF SERVICE DR DAYS OF CARE 56 \$ 50 0 0 0 0 0 0 0 0 5 0 0 1 1 4	2,622.46 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 46.83 162.40 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .318 \$.028 .000 .000 .000 .000 .000 .000 .000	COST PER USER 154.26 812.00 .00 .00 .00 .00 .00 .00 .00 .13.15 134.56 .00	GE COST PER ELIGIBLE \$ 14.90 4.61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
176 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERVICE USERS UN 17 1 0 0 0 0 0 0 1 0 1 1 3 0 16 3 0 6	SFOR IN HOME SUPPO NITS OF SERVICE 56 \$ 50 0 0 0 0 0 0 0 0 0 1 0 1 0 2 4	EXPENDITURES 2,622.46 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 46.83 162.40 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .318 \$.028 .000 .000 .000 .000 .000 .000 .000	COST PER USER 154.26 812.00 .00 .00 .00 .00 .00 .00 .00 .13.15 134.56 .00 61.96	GE COST PER ELIGIBLE \$ 14.90 4.61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
0COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERVICE USERS UN 17 1 0 0 0 0 0 0 0 1 0 1 1 3 0 1 6 3 0 6 5	SFOR IN HOME SUPPO STATE OF SERVICE DR DAYS OF CARE 56 \$ 5 0 0 0 0 0 0 5 0 5 1 4 0 24 5	2,622.46 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 46.83 162.40 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .318 \$.028 .000 .000 .000 .000 .000 .000 .000	COST PER USER 154.26 812.00 .00 .00 .00 .00 .00 .00 .13.15 134.56 .00 61.96 54.21	GE COST PER ELIGIBLE \$ 14.90 4.61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
176 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERVICE USERS UN 17 1 0 0 0 0 0 0 0 1 0 1 1 0 1 6 3 0 6 5 2	SS FOR IN HOME SUPPO NITS OF SERVICE OR DAYS OF CARE 56 \$ 50 0 0 0 0 0 0 51 4 0 24 5 3	EXPENDITURES 2,622.46 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 46.83 162.40 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .318 \$.028 .000 .000 .000 .000 .000 .000 .000	COST PER USER 154.26 812.00 .00 .00 .00 .00 .00 .00 .13.15 134.56 .00 61.96 54.21 100.82	GE COST PER ELIGIBLE \$ 14.90 4.61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
176 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERVICE USERS UN 17 1 0 0 0 0 0 0 0 1 0 1 1 0 1 6 5 2 1 0	SS FOR IN HOME SUPPO NITS OF SERVICE OR DAYS OF CARE 56 \$ 50 0 0 0 0 0 0 0 0 55 0 0 51 4 0 0 24 5 3 15	EXPENDITURES 2,622.46 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 46.83 162.40 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .318 \$.028 .000 .000 .000 .000 .000 .000 .000	COST PER USER 154.26 812.00 .00 .00 .00 .00 .00 .00 .113.15 134.56 .00 61.96 54.21 100.82 56.23	GE COST PER ELIGIBLE \$ 14.90 4.61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
0COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERVICE USERS UN 17 1 0 0 0 0 0 0 1 1 0 1 5 2 1 0 6 5 2 1 0 0	SS FOR IN HOME SUPPO NITS OF SERVICE DR DAYS OF CARE 56 \$ 50 0 0 0 0 0 0 0 0 0 5 0 0 51 4 0 24 5 3 15 0 \$	2,622.46 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 46.83 162.40 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .318 \$.028 .000 .000 .000 .000 .000 .000 .000	COST PER USER 154.26 812.00 .00 .00 .00 .00 .00 .00 .113.15 134.56 .00 61.96 54.21 100.82 56.23 .00	GE COST PER ELIGIBLE \$ 14.90 4.61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
0COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT 0STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERVICE USERS UN 17 1 0 0 0 0 0 0 1 0 1 1 0 1 5 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S FOR IN HOME SUPPO NITS OF SERVICE DR DAYS OF CARE 56 \$ 50 0 0 0 0 0 0 0 0 0 5 0 5 1 4 0 24 5 3 15 0 \$ 0 \$	2,622.46 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 46.83 162.40 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .318 \$.028 .000 .000 .000 .000 .000 .000 .000	COST PER USER 154.26 812.00 .00 .00 .00 .00 .00 .00 .113.15 134.56 .00 61.96 54.21 100.82 56.23 .00 .00	GE COST PER ELIGIBLE \$ 14.90 4.61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
0COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT 0STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERVICE USERS UN 17 1 0 0 0 0 0 0 1 0 1 1 0 1 5 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S FOR IN HOME SUPPO NITS OF SERVICE DR DAYS OF CARE 56 \$ 50 0 0 0 0 0 0 0 0 0 5 0 51 4 0 24 5 3 15 0 \$ 0 0	2,622.46 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 46.83 162.40 .00 .00 .00 .00 .00 .00 .00 .00 .162.40 .00 35.50 100.92 .00 15.49 54.21 67.21 37.49 \$.00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .318 \$.028 .000 .000 .000 .000 .000 .000 .000	COST PER USER 154.26 812.00 .00 .00 .00 .00 .00 .00 .00 .113.15 134.56 .00 61.96 54.21 100.82 56.23 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 14.90 4.61 .00 .00 .00 .00 .00 .00 .00 4.61 .00 10.29 2.29 .00 2.11 1.54 1.15 3.19 \$.00 .00 .00
0COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT 0STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED 0NURSING FACILITY	SUMMARY OF SERVICE USERS UN 17 1 0 0 0 0 0 0 1 0 1 5 3 0 6 5 2 10 0 0 0 0 0 0 0 6	S FOR IN HOME SUPPO NITS OF SERVICE 56 \$ 50 0 0 0 0 0 0 0 0 0 0 0 5 0 5	2,622.46 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 46.83	MONT UNITS/DAYS PER ELIG .318 \$.028 .000 .000 .000 .000 .000 .000 .000	COST PER USER 154.26 812.00 .00 .00 .00 .00 .00 .00 812.00 .00 113.15 134.56 .00 61.96 54.21 100.82 56.23 .00 .00 .00 2693.59	GE COST PER ELIGIBLE \$ 14.90 4.61 .00 .00 .00 .00 .00 .00 .00 4.61 .00 10.29 2.29 .00 2.11 1.54 1.15 3.19 \$.00 .00 .00 \$ 91.83
0COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT 0STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERVICE USERS UN 17 1 0 0 0 0 0 0 1 0 1 1 0 1 5 2 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S FOR IN HOME SUPPO NITS OF SERVICE DR DAYS OF CARE 56 \$ 50 0 0 0 0 0 0 0 0 0 5 0 51 4 0 24 5 3 15 0 \$ 0 0	2,622.46 812.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 46.83 162.40 .00 .00 .00 .00 .00 .00 .00 .00 .162.40 .00 35.50 100.92 .00 15.49 54.21 67.21 37.49 \$.00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .318 \$.028 .000 .000 .000 .000 .000 .000 .000	COST PER USER 154.26 812.00 .00 .00 .00 .00 .00 .00 .00 .113.15 134.56 .00 61.96 54.21 100.82 56.23 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ 14.90 4.61 .00 .00 .00 .00 .00 .00 .00 4.61 .00 10.29 2.29 .00 2.11 1.54 1.15 3.19 \$.00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6	80		16,161.56		202.02	.455		2693.59		91.83
@INTERMEDIATE CARE FACILDD	0	0	\$.00		.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	36	56	\$	2,882.83	\$	51.48	.318	\$	80.08	\$	16.38
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	36	56		2,882.83		51.48	.318		80.08		16.38
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES MONTH-O	F-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	PA	AGE 676
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	IN HOME	E SUPPORT -	DISABLED		AID CODE					
							M	IONI	HLY AVERA	GE -	

					MON	THLY AVERA	GE
176 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	42	1 , 605 \$	10,944.95	\$ 6.82	9.119 \$	260.59	\$ 62.19
DURABLE MED. EQUIP.	7	13	2,506.89	192.84	.074	358.13	14.24
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	1,131.04	565.52	.011	1131.04	6.43
MEDICAL TRANSPORTATION	12	159	832.31	5.23	.903	69.36	4.73
AMBULANCES/AIR TRANS	1	5	151.25	30.25	.028	151.25	.86
OTHER TRANS	5	106	359.14	3.39	.602	71.83	2.04
OTHER SERVICES	6	48	321.92	6.71	.273	53.65	1.83
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	7	27	2,792.77	103.44	.153	398.97	15.87
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	104.32	13.04	.045	26.08	.59
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2	355.05	177.53	.011	177.53	2.02
PROSTHETICS	1	1	332.00	332.00	.006	332.00	1.89
ORTHOTICS	1	1	23.05	23.05	.006	23.05	.13
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	22	1,394	3,222.57	2.31	7.920	146.48	18.31
@CALIF. CHILDREN SERVICES*	2	3	\$ 213.45	\$ 71.15	.017 \$	106.73 \$	1.21
@XOVER EXCLUDING STATE HOSP**	50	1,553	\$ 13,543.89	\$ 8.72	8.824 \$	270.88 \$	76.95

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 677
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
AMADOR COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

----- MONTHLY AVERAGE -----542 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 223,196.86 \$ 16.35 430 13,651 25.186 \$ 519.06 \$ 411.80 @TOTAL, ALL PROVIDERS 93 269 3,115.58 \$ 11.58 .496 \$ 33.50 \$ 5.75 @PHYSICIANS SERVICES 10 356.29 29.69 356.29 29.69 .00 .00 12 .022 35.63 . 66 OUTPATIENT VISITS 29.69 .022
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.00 .000 10 0 OFFICE VISITS 12 29.69 .022 35.63 .66 0 .00 HOME VISITS .00 EMERGENCY ROOM
PREVENTIVE CARE .00 .00 .00 .00 .00 4.00 .00 .00 OB VISITS/COMPRE PERI .00 .00 .00 OTHER OUTPATIENT . 00 .00 INPATIENT VISITS .01 HOSPITAL VISITS 4.00 .00 .01 .00 CRITICAL CARE .00 .00 SNF/ICF/TRANS IP CARE .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 EXAMINATIONS .00 .00 SERVICES AND MATERIALS . 00 . 00 .00 . 00 INPATIENT HOSPITAL SURGERY . 00 0 0 0 0 0 1 1 1 1 4 8 0 0 0 0 0 0 0 83 248 3,515 \$ 1,605 124 1,481 .00 .00 PRINCIPAL SURGEON .00 .00 ASSISTANT SURGEON .00 .00 ANESTHESIOLOGIST .00 .00 OUTPATIENT SURGERY .00 .00 .00 PRINCIPAL SURGEON .00 ASSISTANT SURGEON .00 .00 .00 ANESTHESIOLOGIST . 00 .00 DIALYSIS 2.99 PATHOLOGY 2.99 .01 RADIOLOGY 252.60 31.58 63.15 .000 PSYCHIATRY .00 .00 .00 .00 .00 .000 .00 IMMUNIZATION AND INJECTION .00 .00 OTHER SERVICES/ALL X-OVERS 2,499.70 10.08 .458 30.12 29.85 6.485 \$ 289.04 \$ 193.59 @PHARMACY 104,923.08 \$ 62.41 PRESCRIPTION DRUGS 100,173.43 2.961 282.98 184.82 .229 SNF/ICF 4,821.12 38.88 283.60 95,352.31 2.732 282.11 64.38 175.93 OUTPATIENTS 57 1,910 3.524 MEDICAL SUPPLIES 4,749.65 2.49 83.33 8.76 2,560.00 \$ 55.65 .085 \$ 213.33 \$ @ DENTIST 4.72 7 19 .53 1.60 .00 .000 .00 .000 .00 .000 .00 .000 .2.00 .011 .000 VISITS - DIAGNOSTIC 314.00 16.53 .035 44.86 . 58 15 624.00 312.00 ORAL SURGERY 1.15 .00 .00 DRUGS . 00 0 0 0 0 6 .00 .00 .00 ANESTHESIA .00 .00 .00 .00 .00 252.00 42.00 .00 PERIODONTICS .00 ENDODONTICS .00 RESTORATIVE DENTISTRY 252.00 . 46 PROSTHETICS .00 .000 .00

DENTURES, STAYPLATES	4	6	1,370.00	228.33	.011	342.50	2.53	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE 678	
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03	
AMADOR COUNTY	SUMMARY OF SERVICES F	OR IN HOME ST	JPPORT					
					MON	THLY AVERAG	E	
542 FLICIBLES	HISTRS HIMITES	OF SERVICE	EXDENDITIBES AVE	PACE COST	PVZG/PTTMII	COST PER	COST DEB	

						M	ON'	LHTA AARKA	ŒE	
542 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	18	40	\$ 759.79	\$	18.99	.074	\$	42.21	\$	1.40
DIAGNOSTIC AND ANC. PROCED	7	7	134.95		19.28	.013		19.28		.25
EYE APPLIANCES	8	26	436.16		16.78	.048		54.52		.80
OTHER OPTOMETRIC SERVICES	7	7	188.68		26.95	.013		26.95		.35
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	10	18	\$ 311.94	\$	17.33	.033	\$	31.19	\$.58
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	10	18	311.94		17.33	.033		31.19		.58
@HOME HEALTH AGENCY	3	10	\$ 658.23	\$	65.82	.018	\$	219.41	\$	1.21
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	36	246	\$ 11,058.11	\$	44.95	.454	\$	307.17	\$	20.40
HOSP INPATIENT TOTAL	10	33	7,083.11		214.64	.061		708.31		13.07
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00

NON-HSC HOSPITAL TOTAL	0	0			.00		.00		000		.00		.00
ACCOMMODATIONS	0	0			.00		.00		000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00		000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00		000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00		000		.00		.00
ANCILLARIES	0	0			.00		.00		000		.00		.00
INPATIENT CROSSOVERS	10	33			7,083.11		214.64		061		708.31		13.07
ALL OTHER INPATIENT	0	0			.00		.00		000		.00		.00
HOSP OUTPATIENT TOTAL	26	213			3,975.00		18.66		393		152.88		7.33
MEDICAL	3	4			403.69		100.92		007		134.56		.74
SURGERY	0	0			.00		.00		000		.00		.00
PATHOLOGY	6	24			371.75		15.49		044		61.96		.69
RADIOLOGY	5	5			271.07		54.21		009		54.21		.50
ROOM USE	2	3			205.09		68.36		006		102.55		.38
CROSSOVERS/ALL OTH OUTPINT	20	177			2,723.40		15.39		327		136.17		5.02
@COUNTY HOSPITAL TOTAL	0	0	\$		3.45	\$.00		000	\$.00	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0			.00		.00		000		.00		.00
HSC HOSPITALS	0	0			.00		.00		000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00		000		.00		.00
ACCOMMODATIONS	0	0			.00		.00		000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00		000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00		000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00		000		.00		.00
ANCILLARIES	0	0			.00		.00		000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00		000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00		000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0			3.45		.00		000		.00		.01
MEDICAL	0	0			.00		.00		000		.00		.00
SURGERY	0	0			.00		.00		000		.00		.00
PATHOLOGY	0	0			.00		.00		000		.00		.00
RADIOLOGY	0	0			.00		.00		000		.00		.00
ROOM USE	0	0			3.45		.00		000		.00		.01
CROSSOVERS/ALL OTH OUTPTNT	0	0			.00		.00		000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES M	ONTH-OF-	-PAYMENT RI	EPORT	FOR JAN	2002 Т	HRU	DEC	2002	PAG	E 679
MOP024	FEE-FOR-SERVICE/DENTA	L											01/17/03

AMADOR COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

542 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	36	246 \$	11,054.66	\$ 44.94	.454 \$	307.07	\$ 20.40
COMM HOSP INPATIENT TOTAL	10	33	7,083.11	214.64	.061	708.31	13.07
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	10	33	7,083.11	214.64	.061	708.31	13.07
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	26	213	3 , 971.55	18.65	.393	152.75	7.33
MEDICAL	3	4	403.69	100.92	.007	134.56	.74
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	24	371.75	15.49	.044	61.96	.69
RADIOLOGY	5	5	271.07	54.21	.009	54.21	.50
ROOM USE	2	3	201.64	67.21	.006	100.82	. 37

----- MONTHLY AVERAGE -----

CROSSOVERS/ALL OTH OUTPINT	20		177		2,723.40		15.39	.327		136.17		5.02
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	15		316	\$	53,199.44	\$	168.35	.583	\$	3546.63	\$	98.15
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	15		316		53,199.44		168.35	.583		3546.63		98.15
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$	346.61	\$.00	.000	\$.00	\$.64
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		346.61		.00	.000		.00		.64
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	45		66	\$	3,291.84	\$	49.88	.122	\$	73.15	\$	6.07
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	45		66		3,291.84		49.88	.122		73.15		6.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXI	PENDITURE	ES MONTH	H-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P	AGE 680
MOP024	FEE-FOR-SERVICE,	/DENTAL										01/17/03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR	IN HOME	SUPPORT	Γ							
	MONTHLY AVERAGE											
542 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS	OF CARE				R UNIT/DAY			USER		ELIGIBLE
GALL OTHER PROVIDERS	177		9 125	Ś	42 972 24	Ś	471	16 836	Ś	242 78	Ś	79 28

					140	MONIALI AVERAGE				
USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER			
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE			
177	9,125	\$	42,972.24	\$ 4.71	16.836	\$ 242.78	\$ 79.28			
11	24		2,881.38	120.06	.044	261.94	5.32			
0	0		.00	.00	.000	.00	.00			
1	2		1,131.04	565.52	.004	1131.04	2.09			
28	505		2,074.62	4.11	.932	74.09	3.83			
1	5		151.25	30.25	.009	151.25	.28			
7	147		477.20	3.25	.271	68.17	.88			
20	353		1,446.17	4.10	.651	72.31	2.67			
0	0		.00	.00	.000	.00	.00			
0	0		.00	.00	.000	.00	.00			
0	0		.00	.00	.000	.00	.00			
63	476		23,854.46	50.11	.878	378.64	44.01			
0	0		.00	.00	.000	.00	.00			
9	18		215.84	11.99	.033	23.98	.40			
0	0		.00	.00	.000	.00	.00			
0	0		.00	.00	.000	.00	.00			
2	2		355.05	177.53	.004	177.53	.66			
1	1		332.00	332.00	.002	332.00	.61			
1	1		23.05	23.05	.002	23.05	.04			
0	0		.00	.00	.000	.00	.00			
0	0		.00	.00	.000	.00	.00			
	177 11 0 1 28 1 7 20 0 0	OR DAYS OF CARE 177 9,125 11 24 0 0 1 2 28 505 1 5 7 147 20 353 0 0 0 0 0 0 0 476 0 0	OR DAYS OF CARE 177 9,125 \$ 11 24 0 0 1 2 28 505 1 5 7 147 20 353 0 0 0 0 0 0 0 63 476 0 0	OR DAYS OF CARE 177	OR DAYS OF CARE PER UNIT/DAY 177 9,125 \$ 42,972.24 \$ 4.71 11 24 2,881.38 120.06 0 0 .00 .00 1 2 1,131.04 565.52 28 505 2,074.62 4.11 1 5 151.25 30.25 7 147 477.20 3.25 20 353 1,446.17 4.10 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 63 476 23,854.46 50.11 0 0 .00 .00 9 18 215.84 11.99 0 0 .00 .00 2 2 355.05 177.53 1 1 332.00 <td>USERS UNITS OF SERVICE OR DAYS OF CARE 177 9,125 \$ 42,972.24 \$ 4.71 16.836 11 24 2,881.38 120.06 .044 0 0 0 .00 .00 .00 .00 1 2 2 1,131.04 565.52 .004 28 505 2,074.62 4.11 .932 1 5 151.25 30.25 .009 7 147 477.20 3.25 .271 20 353 1,446.17 4.10 .651 0 0 0 .00 .00 .00 0 0 .00 .00 0 0 .00 .0</td> <td>USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES PER UNIT/DAY AVERAGE COST UNITS/DAYS PER ELIG COST PER USER 177 9,125 \$ 42,972.24 \$ 4.71 16.836 \$ 242.78 11 24 2,881.38 120.06 .044 261.94 0 0 .00 .00 .000 .00 1 2 1,131.04 565.52 .004 1131.04 28 505 2,074.62 4.11 .932 74.09 1 5 151.25 30.25 .009 151.25 7 147 477.20 3.25 .271 68.17 20 353 1,446.17 4.10 .651 72.31 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0</td>	USERS UNITS OF SERVICE OR DAYS OF CARE 177 9,125 \$ 42,972.24 \$ 4.71 16.836 11 24 2,881.38 120.06 .044 0 0 0 .00 .00 .00 .00 1 2 2 1,131.04 565.52 .004 28 505 2,074.62 4.11 .932 1 5 151.25 30.25 .009 7 147 477.20 3.25 .271 20 353 1,446.17 4.10 .651 0 0 0 .00 .00 .00 0 0 .00 .00 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES PER UNIT/DAY AVERAGE COST UNITS/DAYS PER ELIG COST PER USER 177 9,125 \$ 42,972.24 \$ 4.71 16.836 \$ 242.78 11 24 2,881.38 120.06 .044 261.94 0 0 .00 .00 .000 .00 1 2 1,131.04 565.52 .004 1131.04 28 505 2,074.62 4.11 .932 74.09 1 5 151.25 30.25 .009 151.25 7 147 477.20 3.25 .271 68.17 20 353 1,446.17 4.10 .651 72.31 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0			

HOSPICE SERVICES	2	18	1,905.84	105.88	.033	952.92	3.52
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	109	8,080	10,554.01	1.31	14.908	96.83	19.47
@CALIF. CHILDREN SERVICES*	2	3	\$ 213.45	\$ 71.15	.006	\$ 106.73	\$.39
@XOVER EXCLUDING STATE HOSP**	182	2,416	\$ 40,690.43	\$ 16.84	4.458	\$ 223.57	\$ 75.07

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 681
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

AMADOR COUNTY	SUMMARY OF SER	VICES FOR PUBLIC AS	SSIS	STANCE - AGED						
						MOI				
1,707 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		UNITS/DAYS	(COST PER
_		OR DAYS OF CARE				PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,347		\$	552,293.61	\$ 26.29	12.306		410.02		323.55
@PHYSICIANS SERVICES	296		\$	8,140.37	\$ 9.82	.486	Ş	27.50	Ş	4.77
OUTPATIENT VISITS	1	2		48.00	24.00	.001		48.00		.03
OFFICE VISITS	1	2		48.00	24.00	.001		48.00		.03
HOME VISITS	0	0		.00	.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000		.00		.00
INPATIENT VISITS	0	0		.00	.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000		.00		.00
CRITICAL CARE	0	0		.00	.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000		.00		.00
EXAMINATIONS	0	0		.00	.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
RADIOLOGY	2	2		31.16	15.58	.001		15.58		.02
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	293	825		8,061.21	9.77	.483		27.51		4.72
@PHARMACY	1,147	6,688	\$	270,154.47	\$ 40.39	3.918	\$	235.53	\$	158.26
PRESCRIPTION DRUGS	1,140	4,434		265,012.48	59.77	2.598		232.47		155.25
SNF/ICF	40	299		12,626.16	42.23	.175		315.65		7.40
OUTPATIENTS	1,103	4,135		252,386.32	61.04	2.422		228.82		147.85
MEDICAL SUPPLIES	83	2,254		5,141.99	2.28	1.320		61.95		3.01
@DENTIST	62	185	\$	12,201.00	\$ 65.95	.108	\$	196.79	\$	7.15
VISITS - DIAGNOSTIC	33	116		1,541.00	13.28	.068		46.70		.90
ORAL SURGERY	9	15		1,068.00	71.20	.009		118.67		.63

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.001	200.00	.12
ENDODONTICS	3	3	690.00	230.00	.002	230.00	.40
RESTORATIVE DENTISTRY	11	22	2,362.00	107.36	.013	214.73	1.38
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	19	27	6,340.00	234.81	.016	333.68	3.71
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AN FEE-FOR-SERVICE/DENT		ONTH-OF-PAYMENT REPOR	RT FOR JAN 20	002 THRU DE	C 2002	PAGE 682 01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES		STANCE - AGED	_	MON	THLY AVERAG	
				-	MON	ITLI AVERAC	,r

							M	CNT	HLY AVERA	.GE	
1,707 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		S	COST PER		COST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	86	168	\$	3 , 529.52	\$	21.01	.098	\$	41.04	\$	2.07
DIAGNOSTIC AND ANC. PROCED	36	36		434.34		12.07	.021		12.07		.25
EYE APPLIANCES	38	104		2,487.85		23.92	.061		65.47		1.46
OTHER OPTOMETRIC SERVICES	22	28		607.33		21.69	.016		27.61		.36
@CHIROPRACTOR	5	7	\$	94.30	\$	13.47	.004	\$	18.86	\$.06
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	5	7		94.30		13.47	.004		18.86		.06
@PODIATRIST	41	53	\$	747.55	\$	14.10	.031	\$	18.23	\$.44
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	41	53		747.55		14.10	.031		18.23		.44
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	1	\$	22.30	\$	22.30	.001	\$	22.30	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	71	379	\$	39,413.07	\$	103.99		\$	555.11	\$	23.09
HOSP INPATIENT TOTAL	27	100		33,906.46		339.06	.059		1255.79		19.86
HSC HOSPITALS	3	23		15,776.71		685.94	.013		5258.90		9.24
NON-HSC HOSPITAL TOTAL	0	0		406.24		.00	.000		.00		.24
ACCOMMODATIONS	0	0		406.12		.00	.000		.00		.24
ADMINISTRATIVE DAYS	0	0		3.66		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		402.46		.00	.000		.00		.24
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.12		.00	.000		.00		.00
INPATIENT CROSSOVERS	24	77		17,723.25		230.17	.045		738.47		10.38
ALL OTHER INPATIENT	0	0		.26		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	45	279		5,506.61		19.74	.163		122.37		3.23
MEDICAL	0	0		50.90		.00	.000		.00		.03
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		49.97		49.97	.001		49.97		.03
ROOM USE	1	2		56.00		28.00	.001		56.00		.03
CROSSOVERS/ALL OTH OUTPINT	43	276		5,349.74		19.38	.162		124.41		3.13
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MC	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	C 2002	PAGE 683
MOP024	FEE-FOR-SERVICE/DE	INTAL					01/17/03
AMADOR COUNTY	CHMMADV OF CEDUTCE	S FOR PUBLIC ASSIS	MANCE ACED				
11112011 0001111	SOMMAKI OF SERVICE	P LOV LOPTIC WOSTS	IANCE - AGED				
122201. 0001.11	SUMMARI OF SERVICE	19 LOV LOPPIC W2212	TANCE - AGED		MON	THLY AVERA	GE
1,707 ELIGIBLES		ITS OF SERVICE	EXPENDITURES	AVERAGE COST		THLY AVERA	GE COST PER
	USERS UN	NITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
	USERS UN C 71	NITS OF SERVICE OR DAYS OF CARE 379 \$	EXPENDITURES 39,413.07	PER UNIT/DAY \$ 103.99	UNITS/DAYS	COST PER USER 555.11	COST PER ELIGIBLE \$ 23.09
1,707 ELIGIBLES	USERS UN	NITS OF SERVICE OR DAYS OF CARE	EXPENDITURES 39,413.07 33,906.46	PER UNIT/DAY \$ 103.99 339.06	UNITS/DAYS PER ELIG .222 \$.059	COST PER USER 555.11 1255.79	COST PER ELIGIBLE \$ 23.09 19.86
1,707 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	USERS UN C 71	NITS OF SERVICE OR DAYS OF CARE 379 \$	EXPENDITURES 39,413.07 33,906.46 15,776.71	PER UNIT/DAY \$ 103.99	UNITS/DAYS PER ELIG .222 \$.059 .013	COST PER USER 555.11 1255.79 5258.90	COST PER ELIGIBLE \$ 23.09 19.86 9.24
1,707 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	USERS UN C 71	NITS OF SERVICE OR DAYS OF CARE 379 \$ 100	39,413.07 33,906.46 15,776.71 406.24	PER UNIT/DAY \$ 103.99 339.06	UNITS/DAYS PER ELIG .222 \$.059	COST PER USER 555.11 1255.79	COST PER ELIGIBLE \$ 23.09 19.86
1,707 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	USERS UN C 71	NITS OF SERVICE OR DAYS OF CARE 379 \$ 100	39,413.07 33,906.46 15,776.71 406.24 406.12	PER UNIT/DAY \$ 103.99 339.06 685.94	UNITS/DAYS PER ELIG .222 \$.059 .013	COST PER USER 555.11 1255.79 5258.90 .00	COST PER ELIGIBLE \$ 23.09 19.86 9.24
1,707 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	USERS UN C 71	NITS OF SERVICE OR DAYS OF CARE 379 \$ 100	39,413.07 33,906.46 15,776.71 406.24 406.12 3.66	PER UNIT/DAY \$ 103.99 339.06 685.94 .00	UNITS/DAYS PER ELIG .222 \$.059 .013 .000	COST PER USER 555.11 1255.79 5258.90 .00 .00	COST PER ELIGIBLE \$ 23.09 19.86 9.24 .24
1,707 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	USERS UN C 71	NITS OF SERVICE OR DAYS OF CARE 379 \$ 100	39,413.07 33,906.46 15,776.71 406.24 406.12	PER UNIT/DAY \$ 103.99 339.06 685.94 .00 .00	UNITS/DAYS PER ELIG	COST PER USER 555.11 1255.79 5258.90 .00	COST PER ELIGIBLE \$ 23.09 19.86 9.24 .24 .24
1,707 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	USERS UN C 71	NITS OF SERVICE OR DAYS OF CARE 379 \$ 100	39,413.07 33,906.46 15,776.71 406.24 406.12 3.66	PER UNIT/DAY \$ 103.99 339.06 685.94 .00 .00	UNITS/DAYS PER ELIG .222 \$.059 .013 .000 .000	COST PER USER 555.11 1255.79 5258.90 .00 .00	COST PER ELIGIBLE \$ 23.09 19.86 9.24 .24 .24 .00
1,707 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	USERS UN C 71 27 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NITS OF SERVICE OR DAYS OF CARE 379 \$ 100	39,413.07 33,906.46 15,776.71 406.24 406.12 3.66 402.46 .00	PER UNIT/DAY \$ 103.99 339.06 685.94 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .222 \$.059 .013 .000 .000 .000 .000	COST PER USER 555.11 1255.79 5258.90 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ 23.09 19.86 9.24 .24 .00 .24 .00
1,707 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	USERS UN C 71	NITS OF SERVICE OR DAYS OF CARE 379 \$ 100	39,413.07 33,906.46 15,776.71 406.24 406.12 3.66 402.46 .00	PER UNIT/DAY \$ 103.99 339.06 685.94 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .222 \$.059 .013 .000 .000 .000 .000	COST PER USER 555.11 1255.79 5258.90 .00 .00 .00	COST PER ELIGIBLE \$ 23.09 19.86 9.24 .24 .24 .00 .24

COMM HOSP OUTPATIENT TOTAL	45	279		5,506.61		19.74	.163		122.37		3.23
MEDICAL	0	0		50.90		.00	.000		.00		.03
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		49.97		49.97	.001		49.97		.03
ROOM USE	1	2		56.00		28.00	.001		56.00		.03
CROSSOVERS/ALL OTH OUTPTNT	43	276		5,349.74		19.38	.162		124.41		3.13
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	39	839	\$	117,923.38	\$	140.55	.492	\$	3023.68	\$	69.08
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	39	839		117,923.38		140.55	.492		3023.68		69.08
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	9	16	\$	6,576.68	\$	411.04	.009	\$	730.74	\$	3.85
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	9	16		6,576.68		411.04	.009		730.74		3.85
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	7	\$	98.84	\$	14.12	.004	\$	19.77	\$.06
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	5	7		98.84		14.12	.004		19.77		.06
@ORGANIZED OUTPATIENT CLINIC	126	190	\$	6,399.11	\$	33.68	.111	\$	50.79	\$	3.75
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	2		387.80		193.90	.001		193.90		.23
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	125	188		6,011.31		31.98	.110		48.09		3.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	JRES M	ONTH-OF-PAYMENT RE	EPOR'	T FOR JAN	2002 THRU	DEC	2002	P	AGE 684
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	C ASSI	STANCE - AGED							

1,707 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 11,644 @ALL OTHER PROVIDERS 415 86,993.02 7.47 6.821 \$ 209.62 \$ 50.96 52.59 DURABLE MED. EQUIP. 15 26 1,367.30 .015 91.15 .80 BLOOD BANK Ω Ω .00 .00 .000 .00 .00 7 HEARING AID DISPENSERS 14 3,905.82 278.99 .008 557.97 2.29 MEDICAL TRANSPORTATION 42 760 3,223.30 4.24 76.75 1.89 .445 1 12 249.82 20.82 .007 249.82 .15 AMBULANCES/AIR TRANS 5 70 3.54 49.61 .15 OTHER TRANS 248.07 .041 OTHER SERVICES 37 678 2,725.41 4.02 .397 73.66 1.60 11 46 789.36 17.16 .027 71.76 .46 ACUPUNCTURE ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .00 GENETIC DISEASE TESTING .000 .00 157 796 50,658.93 63.64 322.67 29.68 .466 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 84 OPTICIAN 36 992.84 11.82 .049 27.58 .58 PHYSICAL THERAPIST 0 .00 .00 .000 .00 .00

----- MONTHLY AVERAGE -----

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	10	371.30	37.13	.006	123.77	.22
PROSTHETICS	3	10	371.30	37.13	.006	123.77	.22
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	3	1,377.97	459.32	.002	688.99	.81
HOSPICE SERVICES	5	53	5 , 879.70	110.94	.031	1175.94	3.44
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	227	9 , 852	18,426.50	1.87	5.772	81.17	10.79
@CALIF. CHILDREN SERVICES*	1	2	\$ 149.92	\$ 74.96	.001	\$ 149.92	\$.09
@XOVER EXCLUDING STATE HOSP**	544	2,605	\$ 80,522.70	\$ 30.91	1.526	\$ 148.02	\$ 47.17

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 685 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

AMADOR COUNTY	SUMMARY OF SER	VICES FOR PUBLIC AS	SIST	TANCE - BLIND				
						MON		
78 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	72	16,127 \$		67 , 366.28	\$ 4.18	206.756 \$		\$ 863.67
@PHYSICIANS SERVICES	32	192 \$		6,901.03	\$ 35.94	2.462 \$		\$ 88.47
OUTPATIENT VISITS	8	9		439.73	48.86	.115	54.97	5.64
OFFICE VISITS	8	8		344.25	43.03	.103	43.03	4.41
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		95.48	95.48	.013	95.48	1.22
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	4	41		2,955.34	72.08	.526	738.84	37.89
HOSPITAL VISITS	4	36		1,936.16	53.78	.462	484.04	24.82
CRITICAL CARE	1	5		1,019.18	203.84	.064	1019.18	13.07
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	25		2,356.51	94.26	.321	471.30	30.21
PRINCIPAL SURGEON	2	4		1,819.08	454.77	.051	909.54	23.32
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	21		537.43	25.59	.269	179.14	6.89
OUTPATIENT SURGERY	1	1		44.68	44.68	.013	44.68	.57
PRINCIPAL SURGEON	1	1		44.68	44.68	.013	44.68	.57
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	7		236.93	33.85	.090	118.47	3.04
RADIOLOGY	4	9		259.90	28.88	.115	64.98	3.33
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	21	100		607.94	6.08	1.282	28.95	7.79
@PHARMACY	58	2,195 \$		14,627.62	\$ 6.66	28.141 \$	252.20	\$ 187.53
PRESCRIPTION DRUGS	57	250		13,391.19	53.56	3.205	234.93	171.68

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	57	250	13,391.19	53.56	3.205	234.93	171.68
MEDICAL SUPPLIES	5	1,945	1,236.43	.64	24.936	247.29	15.85
@DENTIST	2	3 \$	915.00	\$ 305.00	.038	\$ 457.50	\$ 11.73
VISITS - DIAGNOSTIC	1	1	15.00	15.00	.013	15.00	.19
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.00	.026	900.00	11.54
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 686
MOP024	FEE-FOR-SERVICE/DENTA	ιL					01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

	ST PER IGIBLE 9.34
	IGIBLE
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER EL	-
	9 34
@OPTOMETRIST 3 8 \$ 728.41 \$ 91.05 .103 \$ 242.80 \$	
DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .00	.00
EYE APPLIANCES 3 8 728.41 91.05 .103 242.80	9.34
OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 .00	.00
@CHIROPRACTOR 0 0 \$.00 \$.00 \$.00 \$.00
VISITS 0 0 0 .00 .00 .00 .00 .00	.00
OTHER SERVICES 0 0 .00 .00 .00 .00	.00
@PODIATRIST 0 0 \$.00 \$.00 \$.00 \$.00
MEDICINE/INJECTIONS 0 0 .00 .00 .00 .00	.00
SURGERY/ANES. 0 0 .00 .00 .00 .00	.00
RADIO./PATHOLOGY 0 0 .00 .00 .00 .00	.00
OTHER 0 0 0 .00 .00 .00 .00	.00
@HOME HEALTH AGENCY 1 5 \$ 374.30 \$ 74.86 .064 \$ 374.30 \$	4.80
NURSE ANESTHESIST 0 0 \$.00 \$.00 \$.00 \$.00
NURSE MIDWIFE 0 0 \$.00 \$.00 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00
FAMILY NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.00
@TOTAL HOSPITAL 14 55 \$ 25,345.57 \$ 460.83 .705 \$ 1810.40 \$	324.94
HOSP INPATIENT TOTAL 2 21 23,940.00 1140.00 .269 11970.00	306.92
HSC HOSPITALS 2 21 23,940.00 1140.00 .269 11970.00	306.92
NON-HSC HOSPITAL TOTAL 0 0 .00 .00 .00 .00	.00
ACCOMMODATIONS 0 0 .00 .00 .00 .00	.00
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	.00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00	.00
ANCILLARIES 0 0 0 .00 .00 .00 .00	.00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00	.00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00	.00
HOSP OUTPATIENT TOTAL 14 34 1,405.57 41.34 .436 100.40	18.02
MEDICAL 6 6 463.25 77.21 .077 77.21	5.94
SURGERY 0 0 .00 .00 .00 .00	.00
PATHOLOGY 4 9 141.92 15.77 .115 35.48	1.82

RADIOLOGY	3	4	258.5	1	64.63	.051	86.17	(3.31
ROOM USE	4	4	188.4	5	47.11	.051	47.11	,	2.42
CROSSOVERS/ALL OTH OUTPINT	8	11	353.4	4	32.13	.141	44.18	4	4.53
@COUNTY HOSPITAL TOTAL	0	0 \$.0	0 \$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.0	0	.00	.000	.00		.00
HSC HOSPITALS	0	0	.0	0	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.0	0	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.0	0	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.0	0	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.0	0	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.0	0	.00	.000	.00		.00
ANCILLARIES	0	0	.0	0	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.0	0	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.0	0	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.0	0	.00	.000	.00		.00
MEDICAL	0	0	.0	0	.00	.000	.00		.00
SURGERY	0	0	.0	0	.00	.000	.00		.00
PATHOLOGY	0	0	.0	0	.00	.000	.00		.00
RADIOLOGY	0	0	.0	0	.00	.000	.00		.00
ROOM USE	0	0	.0	0	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.0	0	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 2002	PAGE	687
MOP024	FEE-FOR-SERVICE/DENTAL							01,	/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	PUBLIC AS	SSISTANCE - BLIND						

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 78 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 460.83 .705 \$ 1810.40 \$ @COMMUNITY HOSPITAL TOTAL 14 55 25,345.57 324.94 2 21 COMM HOSP INPATIENT TOTAL 23,940.00 1140.00 .269 11970.00 306.92 HSC HOSPITALS 21 23,940.00 1140.00 .269 11970.00 306.92 0 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 0 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .00 INPATIENT CROSSOVERS .000 .00 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 18.02 COMM HOSP OUTPATIENT TOTAL 14 1,405.57 41.34 .436 100.40 MEDICAL 6 6 463.25 77.21 .077 77.21 5.94 SURGERY 0 .00 .00 .000 .00 .00 PATHOLOGY 141.92 15.77 .115 35.48 1.82 RADIOLOGY 258.51 64.63 .051 86.17 3.31 ROOM USE 4 188.45 47.11 .051 47.11 2.42 11 353.44 32.13 .141 44.18 4.53 CROSSOVERS/ALL OTH OUTPINT .00 **@STATE HOSPITAL** 0 \$.00 .000 .00 \$.00 0 MENTALLY ILL .00 .00 .000 .00 .00 0 DEVELOP. DISABLED .00 .00 .000 .00 .00 @NURSING FACILITY .00 .00 .000 .00 .00 .00 .00 .00 LEV A-INTERMEDIATE .000 .00 .00 .00 .000 .00 .00 LEV B-REHAB MD 0 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .000 .00 .00 .00 .000 .00 .00 LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 LEV B-REGULAR 0 .00 .00 .000 .00 .00 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 \$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	3	11	\$	2,775.61	\$	252.33	.141	\$	925.20	Ś	35.58
HOSPITAL BASED	0	0	·	.00	·	.00	.000		.00	·	.00
HEMODIALYSIS CENTER	3	11		2,775.61		252.33	.141		925.20		35.58
@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0	·	.00	·	.00	.000		.00	·	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	10.11	\$	10.11	.013	\$	10.11	\$.13
PATHOLOGY	1	1		10.11		10.11	.013		10.11		.13
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	15	27	\$	881.00	\$	32.63	.346	\$	58.73	\$	11.29
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	15	27		881.00		32.63	.346		58.73		11.29
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES N	MONTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2002 THRU I	DEC	2002	P	AGE 688
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASS]	STANCE - BLIND							
							MC	ITNC	HLY AVERA	GΕ	
78 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS OF CAR	3		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	35	13,630	\$	14,807.63	\$	1.09	174.744	\$	423.08	\$	189.84
DURABLE MED. EQUIP.	4	7		1,538.07		219.72	.090		384.52		19.72
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	12	4,830		8,503.87		1.76	61.923		708.66		109.02
AMBULANCES/AIR TRANS	1	46		277.95		6.04	.590		277.95		3.56
OTHER TRANS	5	4,618		7,671.10		1.66	59.205		1534.22		98.35
OTHER SERVICES	8	166		554.82		3.34	2.128		69.35		7.11
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	4	814.92	203.73	.051	407.46	10.45
PROSTHETICS	2	4	814.92	203.73	.051	407.46	10.45
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	146	615.77	4.22	1.872	102.63	7.89
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	22	8,643	3,335.00	.39	110.808	151.59	42.76
@CALIF. CHILDREN SERVICES*	9	97	\$ 31,023.63	\$ 319.83	1.244	\$ 3447.07	\$ 397.74
@XOVER EXCLUDING STATE HOSP**	33	320	\$ 4,957.29	\$ 15.49	4.103	\$ 150.22	\$ 63.56

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 689
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

					MON	THIY AVERA	GE
5,655 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
3, 333 ======	0.0	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,346	134,371 \$	2,985,005.25	\$ 22.21	23.761 \$		
@PHYSICIANS SERVICES	1,391	5,040 \$		\$ 26.42	.891 \$		·
OUTPATIENT VISITS	639	967	31,326.93	32.40	.171	49.02	5.54
OFFICE VISITS	555	817	25,770.08	31.54	.144	46.43	4.56
HOME VISITS	7	7	309.30	44.19	.001	44.19	.05
EMERGENCY ROOM	46	66	3,404.80	51.59	.012	74.02	.60
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	101.05	101.05	.000	101.05	.02
OTHER OUTPATIENT	63	76	1,741.70	22.92	.013	27.65	.31
INPATIENT VISITS	72	214	9,788.35	45.74	.038	135.95	1.73
HOSPITAL VISITS	57	176	7,822.14	44.44	.031	137.23	1.38
CRITICAL CARE	8	14	1,388.90	99.21	.002	173.61	.25
SNF/ICF/TRANS IP CARE	15	24	577.31	24.05	.004	38.49	.10
OPHTHALMOLOGICAL SERVICES	10	11	483.55	43.96	.002	48.36	.09
EXAMINATIONS	10	11	483.55	43.96	.002	48.36	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	31	550	15,178.88	27.60	.097	489.64	2.68
PRINCIPAL SURGEON	17	23	10,589.34	460.41	.004	622.90	1.87
ASSISTANT SURGEON	3	4	960.16	240.04	.001	320.05	.17
ANESTHESIOLOGIST	15	523	3,629.38	6.94	.092	241.96	.64
OUTPATIENT SURGERY	103	217	15,049.40	69.35	.038	146.11	2.66
PRINCIPAL SURGEON	85	102	12,381.35	121.39	.018	145.66	2.19
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	20	115	2,668.05	23.20	.020	133.40	.47
DIALYSIS	12	22	2,658.26	120.83	.004	221.52	.47
PATHOLOGY	106	289	2,978.00	10.30	.051	28.09	.53

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	310	548		18,628.59		33.99	.097		60.09		3.29
PSYCHIATRY	1	1		34.16		34.16	.000		34.16		.01
IMMUNIZATION AND INJECTION	43	68		2,919.72		42.94	.012		67.90		.52
OTHER SERVICES/ALL X-OVERS	641	2,153		34,133.37		15.85	.381		53.25		6.04
@PHARMACY	3,690	36,231	\$	1,650,063.04	\$	45.54	6.407	\$	447.17	\$	291.79
PRESCRIPTION DRUGS	3 , 657	16,967		1,610,282.64		94.91	3.000		440.33		284.75
SNF/ICF	42	311		22,927.73		73.72	.055		545.90		4.05
OUTPATIENTS	3,617	16,656		1,587,354.91		95.30	2.945		438.86		280.70
MEDICAL SUPPLIES	309	19,264		39,780.40		2.07	3.407		128.74		7.03
@DENTIST	280	1,331	\$	66,126.17	\$	49.68	.235	\$	236.16	\$	11.69
VISITS - DIAGNOSTIC	175	775		11,066.00		14.28	.137		63.23		1.96
ORAL SURGERY	43	211		12,618.00		59.80	.037		293.44		2.23
DRUGS	5	6		90.00		15.00	.001		18.00		.02
ANESTHESIA	5	5		580.00		116.00	.001		116.00		.10
PERIODONTICS	19	24		4,110.00		171.25	.004		216.32		.73
ENDODONTICS	24	32		7,947.00		248.34	.006		331.13		1.41
RESTORATIVE DENTISTRY	70	211		17,395.00		82.44	.037		248.50		3.08
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	35	64		11,782.00		184.09	.011		336.63		2.08
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	3	3		538.17		179.39	.001		179.39		.10
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES	MONTH-OF-PAYMENT RI	EPOR	T FOR JAN	2002 THRU	DEC	2002	PP	AGE 690
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/17/03

----- MONTHLY AVERAGE -----5,655 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @OPTOMETRIST 198 481 10,058.19 20.91 .085 \$ 50.80 \$ 1.78 108 33.99 33.99 DIAGNOSTIC AND ANC. PROCED 108 3,671.23 .019 .65 EYE APPLIANCES 123 336 5,535.51 16.47 .059 45.00 .98 27.47 OTHER OPTOMETRIC SERVICES 37 851.45 23.01 .007 .15 @CHIROPRACTOR 33 544.28 \$ 16.49 .006 \$ 24.74 .10 18 25 413.82 .004 22.99 .07 VISITS 16.55 32.62 .02 OTHER SERVICES 130.46 16.31 .001 33 @PODIATRIST 53 1,429.64 26.97 .009 \$ 43.32 \$.25 MEDICINE/INJECTIONS 16 19 613.80 32.31 .003 38.36 .11 1 2 47.02 SURGERY/ANES. 47.02 23.51 .000 .01 RADIO./PATHOLOGY 3 51.90 17.30 .001 25.95 .01 OTHER 16 29 716.92 24.72 .005 44.81 .13 @HOME HEALTH AGENCY 19 206 8,602.88 41.76 .036 \$ 452.78 1.52 NURSE ANESTHESIST 3 42 96.74 2.30 .007 \$ 32.25 .02 .00 .00 .000 \$.00 NURSE MIDWIFE 0 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER 0 0 .00 .00 .000 .00 .00 @TOTAL HOSPITAL 7,040 552,549.80 78.49 1.245 555.33 97.71 HOSP INPATIENT TOTAL 387 363,253.28 938.64 .068 4324.44 64.24 HSC HOSPITALS 80 88,495.03 1106.19 .014 4424.75 15.65 129 251,282.94 1947.93 7390.67 NON-HSC HOSPITAL TOTAL .023 44.44 547.83 34 129 2078.54 12.50 ACCOMMODATIONS 70,670.31 .023 3.03 .00 .000 .00 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE 0 0 100.68 .00 .000 .00 .02 ALL OTHER ACCOM 34 129 70,566.60 547.03 .023 2075.49 12.48 ANCILLARIES 180,612.63 .000 5312.14 31.94

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

AMADOR COUNTY

INPATIENT CROSSOVERS	31	178		23,475.31		131.88	.031		757.27		4.15
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	948	6,653		189,296.52		28.45	1.176		199.68		33.47
MEDICAL	286	427		26,591.21		62.27	.076		92.98		4.70
SURGERY	46	48		2,790.62		58.14	.008		60.67		.49
PATHOLOGY	461	2,447		29,439.29		12.03	.433		63.86		5.21
RADIOLOGY	297	477		52,495.01		110.05	.084		176.75		9.28
ROOM USE	437	648		28,496.18		43.98	.115		65.21		5.04
CROSSOVERS/ALL OTH OUTPINT	342	2,606		49,484.21		18.99	.461		144.69		8.75
@COUNTY HOSPITAL TOTAL	29	168	\$	10,027.34	\$	59.69	.030	\$	345.77	\$	1.77
CO HOSPITAL INPATIENT TOTAL	1	5		4,575.00		915.00	.001		4575.00		.81
HSC HOSPITALS	1	5		4,575.00		915.00	.001		4575.00		.81
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	28	163		5,452.34		33.45	.029		194.73		.96
MEDICAL	13	22		1,330.45		60.48	.004		102.34		.24
SURGERY	2	2		134.95		67.48	.000		67.48		.02
PATHOLOGY	22	69		738.59		10.70	.012		33.57		.13
RADIOLOGY	12	18		1,223.07		67.95	.003		101.92		.22
ROOM USE	17	27		1,177.00		43.59	.005		69.24		.21
CROSSOVERS/ALL OTH OUTPTNT	10	25		848.28		33.93	.004		84.83		.15
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	ES M	IONTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PAGE	691
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ								()1/17/03

----- MONTHLY AVERAGE -----**USERS** AVERAGE COST UNITS/DAYS COST PER 5,655 ELIGIBLES UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1.215 \$ 556.43 \$ @COMMUNITY HOSPITAL TOTAL 6,872 542,522.46 78.95 COMM HOSP INPATIENT TOTAL 83 382 358,678.28 938.95 .068 4321.43 63.43 .013 19 75 83,920.03 1118.93 4416.84 HSC HOSPITALS 14.84 129 251,282.94 1947.93 .023 7390.67 NON-HSC HOSPITALS TOTAL 44.44 129 547.83 2078.54 12.50 ACCOMMODATIONS 34 70,670.31 .023 ADMINISTRATIVE DAYS 0 0 3.03 .00 .000 .00 .00 TRANSITIONAL IP CARE 0 0 100.68 .00 .000 .00 .02 ALL OTHER ACCOM 129 70,566.60 547.03 .023 2075.49 12.48 ANCILLARIES 0 180,612.63 .00 .000 5312.14 31.94 INPATIENT CROSSOVERS 178 23,475.31 131.88 .031 757.27 4.15 ALL OTHER INPATIENT Ω 0 .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 929 6,490 183,844.18 28.33 1.148 197.89 32.51 274 25,260.76 .072 92.19 MEDICAL 405 62.37 4.47 46 44 .008 SURGERY 2,655.67 57.73 60.36 . 47 2,378 PATHOLOGY 444 28,700.70 12.07 .421 64.64 5.08 RADIOLOGY 288 459 51,271.94 111.70 .081 178.03 9.07 621 27,319.18 43.99 ROOM USE .110 64.74 4.83 333 2,581 48,635.93 18.84 146.05 8.60 CROSSOVERS/ALL OTH OUTPINT .456 0 0 .00 .00 .000 \$.00 .00 @STATE HOSPITAL 0 .00 .00 .000 .00 .00 MENTALLY ILL 0 DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 33 @NURSING FACILITY 879 108,368.76 123.29 .155 \$ 3283.90 19.16 LEV A-INTERMEDIATE .00 .00 .00

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

AMADOR COUNTY

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	33	879		108,368.76		123.29	.155		3283.90		19.16
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	32	201	\$	43,902.89	\$	218.42	.036	\$	1371.97	\$	7.76
HOSPITAL BASED	11	153		30,954.32		202.32	.027		2814.03		5.47
HEMODIALYSIS CENTER	22	48		12,948.57		269.76	.008		588.57		2.29
@REHABILITATION FACILITY	0	0	\$	10.53	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		10.53		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	185	670	\$	8,533.07	\$	12.74	.118	\$	46.12	\$	1.51
PATHOLOGY	176	659		8,351.04		12.67	.117		47.45		1.48
XO AND OTHERS	9	11		182.03		16.55	.002		20.23		.03
@ORGANIZED OUTPATIENT CLINIC	983	1,664	\$	175,275.92	\$	105.33	.294	\$	178.31	\$	30.99
CLINIC	1	5		62.00		12.40	.001		62.00		.01
SURGICENTER	6	41		1,682.31		41.03	.007		280.39		.30
HEROIN DETOX CLINIC	1	13		157.94		12.15	.002		157.94		.03
RURAL HEALTH CLINIC	977	1,605		173,373.67		108.02	.284		177.46		30.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES	MONTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 692
MOP024	FEE-FOR-SERVICE/DENTAI	_									01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FO	OR PUBLIC	C ASS	SISTANCE - DISABLED							

----- MONTHLY AVERAGE -----5,655 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 80,499 226,234.65 \$ 2.81 14.235 \$ 296.12 \$ 40.01 76 288 51,348.44 178.29 .051 675.64 9.08 DURABLE MED. EQUIP. 1 20 306.00 15.30 .004 306.00 BLOOD BANK .05 5 7 3,368.69 481.24 HEARING AID DISPENSERS .001 673.74 .60 140 9,214 3.54 233.20 MEDICAL TRANSPORTATION 32,648.64 1.629 5.77 55 11,295.00 AMBULANCES/AIR TRANS 974 11.60 .172 205.36 2.00 28 6,898 16,067.79 2.33 1.220 573.85 2.84 OTHER TRANS 1,342 5,285.85 3.94 .237 81.32 OTHER SERVICES ACUPUNCTURE 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 105.00 32.02 .00 11.25 .00 29.68 GENETIC DISEASE TESTING 1 1 105.00 105.00 .000 105.00 .02 IHMC, MODEL-NF, NF, AIDS, MSSP 2,175 69,637.25 32.02 .385 1481.64 12.31 OCCUPATIONAL THERAPIST 0 0 .00 .000 .00 .00 OPTICIAN 121 264 2,971.28 .047 24.56 .53 PHYSICAL THERAPIST Ω 0 .00 .000 .00 .00 PORTABLE X-RAY 59.36 .000 59.36 .01 15 28 6,044.66 215.88 402.98 1.07 PROSTHETIST/ORTHOTISTS .005 20 5,595.43 .004 .99 PROSTHETICS 279.77 699.43 56.15 64.18 ORTHOTICS 449.23 .001 .08 0 PSYCHOLOGIST .00 .00 .000 .00 .00 70 2,963.01 .52 SPEECH AND AUDIOLOGY 42.33 .012 134.68 884.48 110.56 .001 442.24 HOSPICE SERVICES .16 0 .00 .00 0 .00 .000 .00 NONINST BIRTHING CENTERS 4,476 .792 19,618.93 4.38 230.81 3.47 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE 0 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. 29.48 29.48 .000 29.48 .01 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS	335	63,946	36,278.91	.57	11.308	108.30	6.4	12
@CALIF. CHILDREN SERVICES*	68	4,040	\$ 67,229.95	\$ 16.64	.714 \$	988.68	\$ 11.8	39
@XOVER EXCLUDING STATE HOSP**	761	11,906	\$ 95 , 684.70	\$ 8.04	2.105 \$	125.74	\$ 16.9	12

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 693
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

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					MO1	NTHLY AVERA	GE
6,911 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3 , 697	20,896 \$	975,104.47	\$ 46.66	3.024	\$ 263.76	\$ 141.09
@PHYSICIANS SERVICES	996	2 , 976 \$	107,239.96	\$ 36.03	.431	\$ 107.67	\$ 15.52
OUTPATIENT VISITS	627	873	32,034.40	36.69	.126	51.09	4.64
OFFICE VISITS	525	689	22,618.58	32.83	.100	43.08	3.27
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	57	60	2,389.99	39.83	.009	41.93	.35
PREVENTIVE CARE	1	1	65.78	65.78	.000	65.78	.01
OB VISITS/COMPRE PERI	39	106	6,475.11	61.09	.015	166.03	.94
OTHER OUTPATIENT	17	17	484.94	28.53	.002	28.53	.07
INPATIENT VISITS	46	106	6,174.04	58.25	.015	134.22	.89
HOSPITAL VISITS	44	86	4,202.59	48.87	.012	95.51	.61
CRITICAL CARE	2	19	1,943.95	102.31	.003	971.98	.28
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.000	27.50	.00
OPHTHALMOLOGICAL SERVICES	5	6	317.58	52.93	.001	63.52	.05
EXAMINATIONS	5	6	317.58	52.93	.001	63.52	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	51	605	25,760.99	42.58	.088	505.12	3.73
PRINCIPAL SURGEON	30	32	18,481.05	577.53	.005	616.04	2.67
ASSISTANT SURGEON	7	8	1,063.05	132.88	.001	151.86	.15
ANESTHESIOLOGIST	29	565	6,216.89	11.00	.082	214.38	.90

PRINCIPAL SURGEON 75 88 13,335.67 151.54 .013 177.81 1.93 ASISTANT SURGEON 0 0 0.00 .000 .000 .00 .000 ANESTHESIOLOGIST 46 241 5,809.52 24.11 .035 126.29 .84 DIALYSIS 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 PATHOLOGY 96 129 2,273.92 17.63 .019 23.69 .33 RADIOLOGY 279 409 10,529.65 25.74 .059 37.74 1.55 PSYCHIATRY 2 2 2 96.51 48.26 .000 48.26 .01 IMMUNIZATION AND INJECTION 22 46 86.62 18.88 .007 39.48 .13 OTHER SERVICES/ALL X-OVERS 107 471 10,039.06 21.31 .068 93.82 1.45 PRESCRIPTION DRUGS 1,973 4,959 224,065.33 45.18 .718 111.57 32.42 SNE/ICF 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 OUTSTEINTS 1,973 4,959 224,065.33 45.18 .718 111.57 32.42 MEDICAL SUPPLIES 63 2,206 4,295.76 1.95 .319 68.19 6.62 MEDICAL SUPPLIES 308 1,650 \$65,074.69 \$30.44 .239 \$211.28 \$9.42 VISITS - DIAGNOSTIC 215 946 14,944.10 15.80 .137 69.51 2.16 ORAL SURGERY 39 102 5,746.00 56.33 .015 147.33 .83 DRUGS 5 5 60.00 12.00 .001 12.00 .01 PRESCRIPTION DRUGS 10 10 10 1,365.00 115.60 .001 12.00 .001 PRESCRIPTION DRUGS 10 10 10 1,365.00 136.50 .001 136.50 .20 ENDODONTICS 36 36 90 10,535.00 117.06 .013 292.64 1.55 PERSCRIPTION DRUGS 1 1 1 1 30.00 30.00 .000 30.00 .000 PERSCRIPTION SUBSTITY 127 466 29,001.50 62.23 .067 228.36 4.20 PERSTRETICS 1 1 1 30.00 30.00 .000 30.00 .000 PERSTRETICS 1 1 1 30.00 30.00 .000 30.00 .000 PERSTRETICS 1 1 1 30.00 30.00 .000 30.00 .000 PERSTRETICS 1 1 1 30.00 30.00 .000 30.00 .000 PERSTRETICS 1 1 1 30.00 30.00 .000 30.00 .000 PERSTRETICS 1 1 1 30.00 30.00 .000 30.00 .000 PERSTRETICS 1 1 1 30.00 30.00 .000 30.00 .000 PERSTRETICS 1 1 1 30.00 30.00 .000 30.00 .000 PERSTRETICS 1 1 1 30.00 30.00 .000 88.05 .000 PERSTRETICS 1 1 1 30.00 30.00 .000 88.05 .000 PERSTRETICS 1 1 1 30.00 30.00 .000 88.05 .000 PERSTRETICS 1 1 1 30.00 30.00 .000 88.05 .000 PERSTRETICS 1 1 1 30.00 30.00 .000 88.05 .000 PERSTRETICS 1 1 1 30.00 30.00 .000 88.05 .000 PERSTRETICS 1 1 1 30.00 30.00 .000 88.05 .000 PERSTRETICS 1 1 1 30.00 30.00 .000 88.05 .000 PERSTRETICS 1 1 1 1 30.00 30.00 .000 88.05 .000 PERSTRETICS 1 1 1 1 30.00 30.00 .000 88.05 .000 PERSTRETICS 1	OUTPATIENT SURGERY	105	329		19,145.19		58.19	.048		182.34		2.77
ANSSTRESIOLOGIST 46 241 5,809.52 24.11 .035 126.29 84 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 PATHOLOGY 96 129 2,273.92 17.63 .019 23.69 .33 RADIOLOGY 279 409 10,529.65 25.74 .059 37.74 1.52 PSYCHIATRY 2 2 2 96.51 48.26 .000 48.26 .01 IMMUNIZATION AND INJECTION 22 46 868.62 18.88 .007 39.48 .13 OTHER SERVICES/ALL X-OVERS 107 471 10,039.06 21.31 .068 93.82 1.45 PHARMACY 1,992 7,165 \$ 228,361.09 \$ 31.87 1.037 \$ 114.64 \$ 33.04 PRESCRIPTION DRUGS 1,973 4,959 224,065.33 45.18 .718 113.57 32.42 SNF/ICF 0 0 0 .00 .00 .00 .00 .00 .00 .00 OUTPATIENTS 1,973 4,959 224,065.33 45.18 .718 113.57 32.42 MEDICAL SUBPLIES 63 2,206 4,295.76 1.95 .319 68.19 62 DENTIST 308 1,650 \$ 65.074.69 \$ 39.44 .239 \$ 211.28 \$ 9.42 VISITS - DIAGNOSTIC 215 946 14,944.10 15.80 .137 69.51 2.16 GRAL SURGERY 39 102 5,746.00 56.33 .015 147.33 .83 DRUGS 5 5 60.00 12.00 .001 12.00 .01 ANESTHESIA 4 4 4 400.00 100.00 .001 100.00 .06 PERIODONICS 10 10 10 1,365.00 165.00 .001 136.50 .20 ENDODONICS 36 90 10,535.00 117.06 .013 292.64 1.52 PRESCRATIVE DENTISTRY 127 466 99.001 1,365.00 136.50 .001 136.50 .20 PRESCRATIVE DENTISTRY 127 466 99.001 1,365.00 .001 136.50 .001 136.50 .20 ENDODONICS 36 90 10,535.00 117.06 .013 292.64 1.52 SPACE MAINTAINNERS 3 3 3 342.00 114.00 .000 114.00 .00 PRECIDENTISTS 5 13 1 1 3 30.00 30.00 .000 .000 .000 PRECIDENTISTES 5 13 1 5,545.00 118.85 .002 309.00 .22 SPACE MAINTAINNERS 3 3 3 342.00 114.00 .000 114.00 .00 PRECIDENTISTEY 127 466 29.001.50 62.23 .067 228.36 4.20 PROSTRETICS 1 1 1 30.00 30.00 .000 30.00 .000 PRECIDENTISTES 5 13 3 342.00 114.00 .000 114.00 .005 PRECIDENTISTES 5 13 3 342.00 114.00 .000 114.00 .005 PRECIDENTISTES 5 13 3 15.545.00 118.85 .002 309.00 .22 SPACE MAINTAINNERS 3 3 3 342.00 114.00 .000 114.00 .005 PRECIDENTISTES 5 13 3 15.545.00 118.85 .002 309.00 .22 SPACE MAINTAINNERS 5 5 13 3 15.455.00 118.85 .002 309.00 .000 PRECIDENTISTES SERVICES 5 7 930.00 132.86 .001 186.00 .00 PRECIDENTISTES 5 15 15 15 15 15 15 15 15 15 15 15 15 1	PRINCIPAL SURGEON	75	88		13,335.67		151.54	.013		177.81		1.93
DIALYSIS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
DATALYSIS PATHOLOGY 96 129 2,273.92 17.63 .019 23.69 RADIOLOGY PATHOLOGY 97 409 10,529.65 25.74 .059 37.74 1.52 PSYCHIATRY 2 2 2 3 96.51 48.26 .000 48.26 .01 IMMUNICATION AND INJECTION 22 46 868.62 18.88 .007 39.48 .13 OTHER SERVICES/ALL X-OVERS 107 471 10,039.06 21.31 .068 93.82 1.45 PRESCRIPTION DRUGS 1,973 4,959 224,065.33 45.18 .718 113.57 32.42 SNP/ICF 0 0 0 .00 .000 .000 .000 OUTPATIENTS 1,973 4,959 224,065.33 45.18 .718 113.57 32.42 SNP/ICF 0 0 0 .00 .00 .000 .000 OUTPATIENTS 63 2,206 4,295.76 1.95 .319 68.19 BEDICIAL SUPPLIES 63 2,206 4,295.76 1.95 .319 68.19 GENERAL SUPPLIES 63 2,206 4,295.76 1.95 .319 68.19 ORAL SURGERY 39 102 5,746.00 56.33 .015 147.33 .83 DRUGS 5 5 5 60.00 12.00 .001 12.00 .001 ANESTHESIA 4 4 4 40.00 10.00 .001 12.00 .001 PRINCIPONTICS 10 10 10 1,365.00 136.50 .001 136.50 .001 PRINCIPONTICS 10 10 10 1,365.00 136.50 .001 136.50 .20 PRODONTICS 36 90 10,535.00 117.06 .013 292.64 1.52 RESTORATIVE DENTISTRY 127 466 29,001.50 62.23 .067 228.36 4.20 PROSTHETICS 1 1 1 3 0.00 30.00 .000 30.00 .000 PRENCIPONTICS 1 1 1 3 0.00 30.00 .000 30.00 .000 PRENCIPONTICS 1 1 1 3 0.00 30.00 .000 30.00 .000 PRENCIPONTICS 1 1 1 3 0.00 30.00 .000 30.00 .000 PRENCIPONTICS 1 1 1 3 0.00 30.00 .000 30.00 .000 PRENCIPORAL SERVICES 5 1 3 1,565.00 118.85 .002 309.00 .22 SPACE MAINTAINERS 3 3 3 342.00 114.00 .000 114.00 .000 PRENCIPONTICS 5 1 1 1 0 0.00 0.00 .000 .000 .000 .000	ANESTHESIOLOGIST	46	241		5,809.52		24.11	.035		126.29		.84
PATHOLOGY 96 129 2,273.92 17.63 .019 23.69 .33 RADIOLOGY 279 409 10,529.65 25.74 .059 37.74 1.52 PSYCHIATRY 2 2 2 96.51 48.26 .000 48.26 .01 IMMUNIZATION AND INJECTION 22 46 868.62 18.88 .007 39.48 .13 OTHER SERVICES/ALL X-OVERS 107 471 10,039.06 21.31 .068 93.82 1.45 @THARMACY 1,992 7,165 \$ 228,361.09 \$ 31.87 1.037 \$ 114.64 \$ 33.04 PRESCRIPTION DRUGS 1,973 4,959 224,065.33 45.18 .718 113.57 32.42 SNE/ICF 0 0 0 .00 .00 .00 .00 .00 .00 OUTBATIENTS 1,973 4,959 224,065.33 45.18 .718 113.57 32.42 MEDICAL SUPPLIES 63 2,206 4,295.76 1.95 .319 68.19 .62 GENNIST 308 1,650 \$ 65,074.69 \$ 39.44 .239 \$ 211.18 \$ 9.42 VISITS - DIAGNOSTIC 215 946 14,944.10 15.80 137 69.51 2.16 ORAL SURGERY 39 102 5,746.00 56.33 .015 147.33 .83 DRUGS AURGERY 39 102 5,746.00 56.33 .015 147.33 .83 DRUGS BRUGS 10 10 10 1,365.00 12.00 .001 12.00 .01 ANESTHESIA 4 4 4 400.00 100.00 .001 100.00 .06 PERIODONITICS 36 90 10,753.00 17.06 .013 292.64 1.52 ENDODONITICS 11 1 1 30.00 30.00 .000 30.00 .00 PERSTORATIVE DENTISTRY 127 466 29,001.50 62.23 .067 228.36 4.20 PROSTRETICS 1 1 1 30.00 30.00 .000 30.00 .00 PROSTRETICS 1 1 1 30.00 30.00 .000 30.00 .00 PROSTRETICS 1 1 1 30.00 30.00 .000 30.00 .00 PROSTRETICS 1 1 1 30.00 30.00 .000 30.00 .00 PROSTRETICS 1 1 1 30.00 30.00 .000 30.00 .00 PROSTRETICS 1 1 1 30.00 30.00 .000 30.00 .00 PROSTRETICS 1 1 1 30.00 30.00 .000 30.00 .00 PROSTRETICS 1 1 1 30.00 30.00 .000 30.00 .00 PROSTRETICS 1 1 1 30.00 30.00 .000 30.00 .00 PROSTRETICS 1 1 1 30.00 30.00 .000 30.00 .00 PROSTRETICS 1 1 1 30.00 30.00 .000 30.00 .00 PROSTRETICS 5 1 3 1,545.00 118.85 .002 309.00 .22 SPACE MAINTAINERS 5 5 13 1,545.00 118.65 .002 309.00 .02 SPACE MAINTAINERS 5 5 7 990.00 132.86 .001 186.00 .01 PROSTRETICS 5 7 900.00 10.00 .000 10.00 .000 10.17/703 MAXILLOPACHAL SERVICES 5 7 9UBLIC ASSISTANCE - FAMILIES MAXILLOPACHAL SERVICES 5 7 9UBLIC ASSISTANCE - FAMILIES	DIALYSIS	0	0		.00			.000		.00		.00
PSYCHIATRY 2	PATHOLOGY	96	129		2,273.92		17.63	.019		23.69		
MMUNIZATION AND INJECTION 22 46 868.62 18.88 .007 39.48 .13	RADIOLOGY	279	409		10,529.65		25.74	.059		37.74		1.52
OTHER SERVICES/ALL X-OVERS @PHARMACY @PHARMACY 1,992 7,165 \$228,361.09 31.87 1.037 \$114.64 \$33.04 PRESCRIPTION DRUGS 1,973 4,959 224,065.33 45.18 .718 113.57 32.42 SNF/ICF 0 0 0.00 .00 .00 .00 .00 .00	PSYCHIATRY	2	2		96.51		48.26	.000		48.26		.01
@PHARMACY 1,992 7,165 \$ 228,361.09 \$ 31.87 1.037 \$ 114.64 \$ 33.04 PRESCRIPTION DRUGS 1,973 4,959 224,065.33 45.18 .718 113.57 32.42 SNF/ICF 0 0 .00 .00 .00 .00 .00 OUTPATIENTS 1,973 4,959 224,065.33 45.18 .718 113.57 32.42 MEDICAL SUPPLIES 63 2,206 4,295.76 1.95 .319 68.19 .62 @DENTIST 308 1,650 \$ 65,074.69 \$ 39.44 .239 \$ 211.28 \$ 9.42 VISITS - DIAGNOSTIC 215 946 14,944.10 15.80 .137 69.51 2.16 ORAL SURGERY 39 102 5,746.00 56.33 .015 147.33 .83 DRUGS 5 5 60.00 12.00 .001 12.00 .01 ANESTHESIA 4 4 400.00 100.00 .001 136.50	IMMUNIZATION AND INJECTION	22	46		868.62		18.88	.007		39.48		.13
PRESCRIPTION DRUGS SNF/ICF O O O O O O O O O O O O O O O O O O O	OTHER SERVICES/ALL X-OVERS	107	471		10,039.06		21.31	.068		93.82		1.45
SNF/ICF	@PHARMACY	1,992	7 , 165	\$	228,361.09	\$	31.87	1.037	\$	114.64	\$	33.04
OUTPATIENTS	PRESCRIPTION DRUGS	1,973	4,959		224,065.33		45.18	.718		113.57		32.42
MEDICAL SUPPLIES 63 2,206 4,295.76 1.95 .319 68.19 .62 @DENTIST 308 1,650 \$ 65,074.69 \$ 39.44 .239 \$ 211.28 \$ 9.42 VISITS - DIAGNOSTIC 215 946 14,944.10 15.80 .137 69.51 .216 ORAL SURGERY 39 102 5,746.00 56.33 .015 147.33 .83 DRUGS 5 5 60.00 12.00 .001 12.00 .01 AMESTHESIA 4 4 400.00 100.00 .001 100.00 .06 PERIODONTICS 10 10 10 1,365.00 136.50 .001 136.50 .20 ENDODONTICS 36 90 10,535.00 117.06 .013 292.64 1.52 RESTORATIVE DENTISTRY 127 466 29,001.50 62.23 .067 228.36 4.20 PROSTHETICS 1 1 1 30.00 30.00 .000 30.00 .00 DENTURES, STAYPLATES 5 13 1,545.00 118.85 .002 309.00 .22 SPACE MAINTAINERS 3 3 342.00 114.00 .000 114.00 .05 MAXILLOFACIAL SERVICES 2 2 2 176.09 88.05 .000 88.05 .03 FRACTURES, DISLOCATIONS 0 0 0 0 0.00 .00 .00 .00 ORTHODONTIC SERVICES 5 7 930.00 132.86 .001 186.00 .13 ALL OTHER SERVICES 5 1 1 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 694 MOPO24 FEE-FOR-SERVICE/DENTAL AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES	SNF/ICF	0	0		.00		.00	.000		.00		.00
QDENTIST	OUTPATIENTS	1,973	4,959		224,065.33		45.18	.718		113.57		32.42
VISITS - DIAGNOSTIC 215 946 14,944.10 15.80 .137 69.51 2.16 ORAL SURGERY 39 102 5,746.00 56.33 .015 147.33 .83 DRUGS 5 5 60.00 12.00 .001 12.00 .01 AMESTHESIA 4 4 400.00 100.00 .001 100.00 .06 PERIODONTICS 10 10 10 1,365.00 136.50 .001 136.50 .20 ENDODONTICS 36 90 10,535.00 117.06 .013 292.64 1.55 RESTORATIVE DENTISTRY 127 466 29,001.50 62.23 .067 228.36 4.20 PROSTHETICS 11 1 30.00 30.00 .000 30.00 .00 DENTURES, STAYPLATES 5 13 1,545.00 118.85 .002 309.00 .22 SPACE MAINTAINERS 3 3 3 342.00 114.00 .000 114.00 .05 MAXILLOFACIAL SERVICES 2 2 2 176.09 88.05 .000 88.05 .03 FRACTURES, DISLOCATIONS 0 0 0 0 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 1 1 1 .00 .00 .00 .00 .00 .00 .00 .00 .	MEDICAL SUPPLIES	63	2,206		4,295.76		1.95	.319		68.19		.62
ORAL SURGERY 39 102 5,746.00 56.33 .015 147.33 .83 DRUGS 5 5 60.00 12.00 .001 12.00 .01 ANESTHESIA 4 4 400.00 100.00 .001 100.00 .06 PERIODONTICS 10 10 10 1,365.00 136.50 .001 136.50 .20 ENDODONTICS 36 90 10,535.00 117.06 .013 292.64 1.52 RESTORATIVE DENTISTRY 127 466 29,001.50 62.23 .067 228.36 4.20 PROSTHETICS 1 1 1 30.00 30.00 .000 30.00 .00 DENTURES, STAYPLATES 5 13 1,545.00 118.85 .002 309.00 .22 SPACE MAINTAINERS 3 3 342.00 114.00 .000 114.00 .05 MAXILLOFACIAL SERVICES 2 2 2 176.09 88.05 .000 88.05 .03 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 5 7 930.00 132.86 .001 186.00 .13 ALL OTHER SERVICES 1 1 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 694 MOPO24 FEE-FOR-SERVICE/DENTAL AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES	@DENTIST	308	1,650	\$	65,074.69	\$	39.44	.239	\$	211.28	\$	9.42
DRUGS 5 5 60.00 12.00 .001 12.00 .01 ANESTHESIA 4 4 4 400.00 100.00 .001 100.00 .06 PERIODONTICS 10 10 10 1,365.00 136.50 .001 136.50 .20 ENDODONTICS 36 90 10,535.00 117.06 .013 292.64 1.52 RESTORATIVE DENTISTRY 127 466 29,001.50 62.23 .067 228.36 4.20 PROSTHETICS 1 1 1 30.00 30.00 .000 30.00 .00 DENTURES, STAYPLATES 5 13 1,545.00 118.85 .002 309.00 .22 SPACE MAINTAINERS 3 3 3 342.00 114.00 .000 114.00 .05 MAXILLOFACIAL SERVICES 2 2 2 176.09 88.05 .000 88.05 .03 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 5 7 930.00 132.86 .001 186.00 .13 ALL OTHER SERVICES 5 1 1 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 694 MOPO24 FEE-FOR-SERVICE/DENTAL AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES MONTHLY AVERAGE	VISITS - DIAGNOSTIC		946		14,944.10		15.80	.137		69.51		2.16
ANESTHESIA 4 4 400.00 100.00 .001 100.00 .06 PERIODONTICS 10 10 10 1,365.00 136.50 .001 136.50 .20 ENDODONTICS 36 90 10,535.00 117.06 .013 292.64 1.52 RESTORATIVE DENTISTRY 127 466 29,001.50 62.23 .067 228.36 4.20 PROSTHETICS 1 1 30.00 30.00 .000 30.00 .000 DENTURES, STAYPLATES 5 13 1,545.00 118.85 .002 309.00 .22 SPACE MAINTAINERS 3 3 342.00 114.00 .000 114.00 .05 MAXILLOFACIAL SERVICES 2 2 176.09 88.05 .000 88.05 .03 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 5 7 930.00 132.86 .001 186.00 .13 ALL OTHER SERVICES 1 1 1 .00 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 694 MOPO24 FEE-FOR-SERVICE/DENTAL AMADOR COUNTY MEDI-CAL SERVICES FOR PUBLIC ASSISTANCE - FAMILIES MONTHLY AVERAGE	ORAL SURGERY		102		5,746.00			.015		147.33		.83
PERIODONTICS 10 10 1,365.00 136.50 .001 136.50 .20 ENDODONTICS 36 90 10,535.00 117.06 .013 292.64 1.52 RESTORATIVE DENTISTRY 127 466 29,001.50 62.23 .067 228.36 4.20 PROSTHETICS 1 1 30.00 30.00 .000 30.00 .00 DENTURES, STAYPLATES 5 13 1,545.00 118.85 .002 309.00 .22 SPACE MAINTAINERS 3 3 342.00 114.00 .000 114.00 .05 MAXILLOFACIAL SERVICES 2 2 2 176.09 88.05 .000 88.05 .03 FRACTURES, DISLOCATIONS 0 0 .00<	DRUGS	5	5		60.00		12.00	.001		12.00		.01
ENDODONTICS 36 90 10,535.00 117.06 .013 292.64 1.52 RESTORATIVE DENTISTRY 127 466 29,001.50 62.23 .067 228.36 4.20 PROSTHETICS 1 1 30.00 30.00 .000 30.00 .00 DENTURES, STAYPLATES 5 13 1,545.00 118.85 .002 309.00 .22 SPACE MAINTAINERS 3 3 342.00 114.00 .000 114.00 .05 MAXILLOFACIAL SERVICES 2 2 176.09 88.05 .000 88.05 .03 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 5 7 930.00 132.86 .001 186.00 .13 ALL OTHER SERVICES 1 1 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 694 MOFO24 MADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES MONTHLY AVERAGE	ANESTHESIA	4	4		400.00		100.00	.001		100.00		.06
RESTORATIVE DENTISTRY 127 466 29,001.50 62.23 .067 228.36 4.20 PROSTHETICS 1 1 30.00 30.00 .000 30.00 .000 DENTURES, STAYPLATES 5 13 1,545.00 118.85 .002 309.00 .22 SPACE MAINTAINERS 3 3 42.00 114.00 .000 114.00 .05 MAXILLOFACIAL SERVICES 2 2 176.09 88.05 .000 88.05 .03 FRACTURES, DISLOCATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PERIODONTICS				1,365.00			.001				
PROSTHETICS 1 1 1 30.00 30.00 .000 30.00 .000 DENTURES, STAYPLATES 5 13 1,545.00 118.85 .002 309.00 .22 SPACE MAINTAINERS 3 3 342.00 114.00 .000 114.00 .05 MAXILLOFACIAL SERVICES 2 2 176.09 88.05 .000 88.05 .03 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 5 7 930.00 132.86 .001 186.00 .13 ALL OTHER SERVICES 1 1 0.0 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 694 MOPO24 FEE-FOR-SERVICE/DENTAL 01/17/03 AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES	ENDODONTICS		90		10,535.00			.013		292.64		
DENTURES, STAYPLATES 5 13 1,545.00 118.85 .002 309.00 .22 SPACE MAINTAINERS 3 3 342.00 114.00 .000 114.00 .05 MAXILLOFACIAL SERVICES 2 2 176.09 88.05 .000 88.05 .03 FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	RESTORATIVE DENTISTRY	127	466		29,001.50							4.20
SPACE MAINTAINERS 3 3 342.00 114.00 .000 114.00 .05 MAXILLOFACIAL SERVICES 2 2 176.09 88.05 .000 88.05 .03 FRACTURES, DISLOCATIONS 0 0 .00 .00 .000 .000 .00 .00 ORTHODONTIC SERVICES 5 7 930.00 132.86 .001 186.00 .13 ALL OTHER SERVICES 1 1 .00 .00 .000 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 694 MOP024 FEE-FOR-SERVICE/DENTAL MONTHLY AVERAGE	PROSTHETICS	1	1									
MAXILLOFACIAL SERVICES 2 2 176.09 88.05 .000 88.05 .03 FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .13 .00	•	5	13									
FRACTURES, DISLOCATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ORTHODONTIC SERVICES 5 7 930.00 132.86 .001 186.00 .13 ALL OTHER SERVICES 1 1 1 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 694 MOP024 FEE-FOR-SERVICE/DENTAL AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES MONTHLY AVERAGE		3	3									
ORTHODONTIC SERVICES 5 7 930.00 132.86 .001 186.00 .13 ALL OTHER SERVICES 1 1 1 .00 .00 .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 694 MOP024 FEE-FOR-SERVICE/DENTAL .00 .00 .00 .00 .00 AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES		2	2									
ALL OTHER SERVICES 1 1 1 .00 .00 .00 .00 .00 .00 .00 .00 .	FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 694 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES	ORTHODONTIC SERVICES	5	7		930.00		132.86	.001		186.00		.13
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES MONTHLY AVERAGE		1	1									
AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES MONTHLY AVERAGE				RES M	IONTH-OF-PAYMENT RE	EPOR'	I FOR JAN	2002 THRU	DEC	2002	PP	
MONTHLY AVERAGE												01/17/03
	AMADOR COUNTY	SUMMARY OF SERVICE	S FOR PUBLIC	ASSI	STANCE - FAMILIES							
	6 011			_				M	ONT	HLY AVERA	GE -	

6,911 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	ERAGE COST	UNITS/DAY PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	98	248	\$ 6,196.70	\$ 24.99	.036	\$ 63.23	\$.90
DIAGNOSTIC AND ANC. PROCED	77	77	3,606.20	46.83	.011	46.83	.52
EYE APPLIANCES	54	159	2,324.23	14.62	.023	43.04	.34
OTHER OPTOMETRIC SERVICES	10	12	266.27	22.19	.002	26.63	.04
@CHIROPRACTOR	11	15	\$ 221.54	\$ 14.77	.002	\$ 20.14	\$.03
VISITS	11	15	221.54	14.77	.002	20.14	.03
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	4	\$ 148.80	\$ 37.20	.001	\$ 37.20	\$.02
MEDICINE/INJECTIONS	4	4	148.80	37.20	.001	37.20	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	9	\$ 550.51	\$ 61.17	.001	\$ 183.50	\$.08
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,144	4,329	\$ 362,035.87	\$ 83.63	.626	\$ 316.46	\$ 52.39
HOSP INPATIENT TOTAL	52	184	232,024.57	1261.00	.027	4462.01	33.57
HSC HOSPITALS	17	59	74,268.57	1258.79	.009	4368.74	10.75

AMADOR COUNTY	SUMMARY OF SERVICES FOR	PUBLI	C ASSISTANCE	E - FAMILIES	3		N				, ,
MOP024	FEE-FOR-SERVICE/DENTAL	VEFINDIT	UKES MUNTH-(DE-PAIMENT R	CLPORT	FOR JAN	ZUUZ THRU	DEC 2	002	P	01/17/03
CROSSOVERS/ALL OTH OUTPINT #CALIF DEPT OF HEALTH SERV	5 MEDI-CAL SERVICES AND E	,	IDEC MONEU C	93.48		13.35	.001	DEC 0	18.70	ъ.	.01 AGE 695
ROOM USE	9 5	13 7		696.65		53.59	.002		77.41		.10
RADIOLOGY	3	3		502.51		167.50	.000		167.50		.07
PATHOLOGY	3	7		108.62		15.52			36.21		.02
SURGERY	1	1		165.37		165.37			165.37		.02
MEDICAL	6	6		328.27		54.71	.001		54.71		.05
CO HOSP OUTPATIENT TOTAL	11	37		1,894.90		51.21	.005		172.26		.27
ALL OTHER INPATIENT	U	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	U	0		.00		.00	.000		.00		.00
ANCILLARIES	U	0		.00		.00					.00
ALL OTHER ACCOM	U	0		.00		.00					.00
TRANSITIONAL IP CARE	U	0		.00		.00					.00
ADMINISTRATIVE DAYS	U	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	U	U		.00		.00	.000		.00		.00
HSC HOSPITALS	Ι	3		3,144.02	-	1048.01	.000		144.02		.45
CO HOSPITAL INPATIENT TOTAL	1	3		3,144.02		1048.01	.000		144.02		.45
@COUNTY HOSPITAL TOTAL	12	40	\$	5,038.92			.006		419.91	Ş	.73
CROSSOVERS/ALL OTH OUTPINT		596	Ċ	9,626.77	Ċ	16.15	.086		30.66	<u>_</u>	1.39
ROOM USE	660	876		37,360.09		42.65	.127		56.61		5.41
RADIOLOGY	265	375		22,485.09		59.96	.054		84.85		3.25
PATHOLOGY	423	1,458		18,327.68		12.57			43.33		2.65
SURGERY	34	36		3,140.16		87.23	.005		92.36		.45
MEDICAL	622	804		39,071.51		48.60	.116		62.82		5.65
HOSP OUTPATIENT TOTAL	1,118	4,145		130,011.30		31.37	.600		116.29		18.81
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ANCILLARIES	36	0		104,691.68		.00	.000	2	908.10		15.15
ALL OTHER ACCOM	36	125		53,064.32		424.51	.018		474.01		7.68
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	36	125		53,064.32		424.51	.018	1	474.01		7.68
NON-HSC HOSPITAL TOTAL	36	125				1262.05			382.11		22.83

6,911 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,137		\$ 356,996.95	\$ 83.24	.621 \$		
COMM HOSP INPATIENT TOTAL	51	181	228,880.55	1264.53	.026	4487.85	33.12
HSC HOSPITALS	16	56	71,124.55	1270.08	.008	4445.28	10.29
NON-HSC HOSPITALS TOTAL	36	125	157,756.00	1262.05	.018	4382.11	22.83
ACCOMMODATIONS	36	125	53,064.32	424.51	.018	1474.01	7.68
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	36	125	53,064.32	424.51	.018	1474.01	7.68
ANCILLARIES	36	0	104,691.68	.00	.000	2908.10	15.15
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,112	4,108	128,116.40	31.19	.594	115.21	18.54
MEDICAL	617	798	38,743.24	48.55	.115	62.79	5.61
SURGERY	33	35	2,974.79	84.99	.005	90.15	.43
PATHOLOGY	420	1,451	18,219.06	12.56	.210	43.38	2.64
RADIOLOGY	263	372	21,982.58	59.09	.054	83.58	3.18
ROOM USE	653	863	36,663.44	42.48	.125	56.15	5.31

CROSSOVERS/ALL OTH OUTPTNT	310	589		9,533.29		16.19	.085		30.75		1.38
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	6	23	\$	515.87	\$	22.43	.003	\$	85.98	\$.07
HOSPITAL BASED	5	21		494.67		23.56	.003		98.93		.07
INDEPENDENT FACILITY	1	2		21.20		10.60	.000		21.20		.00
@LABORATORY FACILITY	154	367	\$	6,774.95	\$	18.46	.053	\$	43.99	\$.98
PATHOLOGY	154	367		6,774.95		18.46	.053		43.99		.98
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	890	1,381	\$	171,064.45	\$	123.87	.200	\$	192.21	\$	24.75
CLINIC	15	58		824.53		14.22	.008		54.97		.12
SURGICENTER	12	93		2,989.32		32.14	.013		249.11		.43
HEROIN DETOX CLINIC	1	9		83.55		9.28	.001		83.55		.01
RURAL HEALTH CLINIC	865	1,221		167,167.05		136.91	.177		193.26		24.19
#CALIF DEPT OF HEALTH SERV			JRES 1	MONTH-OF-PAYMENT R	REPOR	T FOR JAN 2	2002 THRU	DEC	2002	PΖ	AGE 696
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
AMADOR COUNTY	SUMMARY OF SERV	JICES FOR PUBLIC	ASS:	ISTANCE - FAMILIES	5						
							M	ONT	HLY AVERA	GE -	
6,911 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST		-	COST PER		COST PER
		OR DAYS OF CAR	RE		PΕ	R UNIT/DAY	-		USER		ELIGIBLE
@ALL OTHER PROVIDERS	474	2,729	\$	26,920.04	\$	9.86	.395	\$	56.79	\$	3.90
DURABLE MED EQUIP	8	8		1 183 05		147 88	0.01		147 88		17

					===== MON	NITLI AVERA	GE
6,911 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	474	2 , 729 \$	26,920.04	\$ 9.86	.395 \$	56.79	\$ 3.90
DURABLE MED. EQUIP.	8	8	1,183.05	147.88	.001	147.88	.17
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	42	791	10,063.78	12.72	.114	239.61	1.46
AMBULANCES/AIR TRANS	42	790	8,788.78	11.13	.114	209.26	1.27
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,275.00	1275.00	.000	1275.00	.18
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	15	15	971.00	64.73	.002	64.73	.14
IHMC, MODEL-NF, NF, AIDS, MSSP	1	2	90.86	45.43	.000	90.86	.01
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	60	131	1,216.14	9.28	.019	20.27	.18
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	3	207.66	69.22	.000	69.22	.03
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	3	3	207.66	69.22	.000	69.22	.03
PSYCHOLOGIST	1	9	550.79	61.20	.001	550.79	.08
SPEECH AND AUDIOLOGY	1	3	225.19	75.06	.000	225.19	.03

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	353	1,367	12,189.57	8.92	.198	34.53	1.76
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	400	222.00	.56	.058	111.00	.03
@CALIF. CHILDREN SERVICES*	28	100	\$ 31,784.57	\$ 317.85	.014	\$ 1135.16	\$ 4.60
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 697
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
AMADOR COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

AMADOR COUNTY	SUMMARY OF SER	VICES FOR PUBLIC A	ASSI	STANCE					
						MON			
14,351 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	9,462	192,400	\$	4,579,769.61	\$ 23.80	13.407 \$			
@PHYSICIANS SERVICES	2,715	9,037	\$	255,460.57	\$ 28.27	.630 \$		\$	17.80
OUTPATIENT VISITS	1,275	1,851		63,849.06	34.49	.129	50.08		4.45
OFFICE VISITS	1,089	1,516		48,780.91	32.18	.106	44.79		3.40
HOME VISITS	7	7		309.30	44.19	.000	44.19		.02
EMERGENCY ROOM	104	127		5,890.27	46.38	.009	56.64		.41
PREVENTIVE CARE	1	1		65.78	65.78	.000	65.78		.00
OB VISITS/COMPRE PERI	40	107		6,576.16	61.46	.007	164.40		.46
OTHER OUTPATIENT	80	93		2,226.64	23.94	.006	27.83		.16
INPATIENT VISITS	122	361		18,917.73	52.40	.025	155.06		1.32
HOSPITAL VISITS	105	298		13,960.89	46.85	.021	132.96		.97
CRITICAL CARE	11	38		4,352.03	114.53	.003	395.64		.30
SNF/ICF/TRANS IP CARE	16	25		604.81	24.19	.002	37.80		.04
OPHTHALMOLOGICAL SERVICES	15	17		801.13	47.13	.001	53.41		.06
EXAMINATIONS	15	17		801.13	47.13	.001	53.41		.06
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	87	1,180		43,296.38	36.69	.082	497.66		3.02
PRINCIPAL SURGEON	49	59		30,889.47	523.55	.004	630.40		2.15
ASSISTANT SURGEON	10	12		2,023.21	168.60	.001	202.32		.14
ANESTHESIOLOGIST	47	1,109		10,383.70	9.36	.077	220.93		.72
OUTPATIENT SURGERY	209	547		34,239.27	62.59	.038	163.82		2.39
PRINCIPAL SURGEON	161	191		25,761.70	134.88	.013	160.01		1.80
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	66	356		8,477.57	23.81	.025	128.45		.59
DIALYSIS	12	22		2,658.26	120.83	.002	221.52		.19
PATHOLOGY	204	425		5,488.85	12.91	.030	26.91		.38
RADIOLOGY	595	968		29,449.30	30.42	.067	49.49		2.05
PSYCHIATRY	3	3		130.67	43.56	.000	43.56		.01
IMMUNIZATION AND INJECTION	65	114		3,788.34	33.23	.008	58.28		.26
OTHER SERVICES/ALL X-OVERS	1,062	3,549		52,841.58	14.89	.247	49.76		3.68
@PHARMACY	6,887	52,279	\$		\$ 41.38	3.643 \$		Ś	150.74
PRESCRIPTION DRUGS	6,827	26,610		2,112,751.64	79.40	1.854	309.47		147.22
SNF/ICF	82	610		35,553.89	58.29	.043	433.58		2.48
OUTPATIENTS	6,750	26,000		2,077,197.75	79.89	1.812	307.73		144.74
MEDICAL SUPPLIES	460	25,669		50,454.58	1.97	1.789	109.68		3.52
@DENTIST	652	3,169	\$		\$ 45.54	.221 \$		Ś	10.06
VISITS - DIAGNOSTIC	424	1,838	r	27,566.10	15.00	.128	65.01	4	1.92
ORAL SURGERY	91	328		19,432.00	59.24	.023	213.54		1.35
	3 ±	020		13, 102.00	00.21	• • • •	210.01		2.00

DRUGS	10	11	150.0	0 13.64	.001	15.00	.01
ANESTHESIA	9	9	980.0	0 108.89	.001	108.89	.07
PERIODONTICS	30	35	5,675.0	0 162.14	.002	189.17	.40
ENDODONTICS	63	125	19,172.0	0 153.38	.009	304.32	1.34
RESTORATIVE DENTISTRY	208	699	48,758.5	0 69.75	.049	234.42	3.40
PROSTHETICS	1	1	30.0	0 30.00	.000	30.00	.00
DENTURES, STAYPLATES	60	106	20,567.0	0 194.03	.007	342.78	1.43
SPACE MAINTAINERS	3	3	342.0	0 114.00	.000	114.00	.02
MAXILLOFACIAL SERVICES	5	5	714.2	6 142.85	.000	142.85	.05
FRACTURES, DISLOCATIONS	0	0	.0	0 .00	.000	.00	.00
ORTHODONTIC SERVICES	5	7	930.0	0 132.86	.000	186.00	.06
ALL OTHER SERVICES	2	2	.0	0 .00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MONTH-OF-PAYMENT	REPORT FOR JAN	1 2002 THRU I	DEC 2002	PAGE 698
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC .	ASSISTANCE				
					MC	ONTHLY AVERA	GE
14,351 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURE	S AVERAGE COS	T UNITS/DAYS	S COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	385	905	\$ 20,512.8	2 \$ 22.67	.063	\$ 53.28	\$ 1.43
DIAGNOSTIC AND ANC. PROCED	221	221	7,711.7	7 34.89	.015	34.89	.54
EYE APPLIANCES	218	607	11,076.0	0 18.25	.042	50.81	.77
OTHER OPTOMETRIC SERVICES	63	77	1,725.0	5 22.40	.005	27.38	.12
@CHIROPRACTOR	38	55	\$ 860.1		.004	\$ 22.63	\$.06
VISITS	29	40	635.3		.003	21.91	.04
OTHER SERVICES	9	15	224.7		.001	24.97	.02
@PODIATRIST	78	110	\$ 2,325.9	9 \$ 21.15	.008	\$ 29.82	\$.16
MEDICINE/INJECTIONS	20	23	762.6	0 33.16	.002	38.13	.05
SURGERY/ANES.	1	2	47.0	2 23.51	.000	47.02	.00
RADIO./PATHOLOGY	2	3	51.9	0 17.30	.000	25.95	.00
OTHER	57	82	1,464.4		.006	25.69	.10
@HOME HEALTH AGENCY	23	220	\$ 9,527.6	9 \$ 43.31	.015	\$ 414.25	\$.66
NURSE ANESTHESIST	4	43	\$ 119.0	•	.003	\$ 29.76	•

NURSE MIDWIFE	0	0	\$.0	0 \$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.0	0 \$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.0		.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2,224	11,803	\$	979,344.3	1 \$	82.97	.822	\$ 440.35	\$	68.24
HOSP INPATIENT TOTAL	165	692		653,124.3	1	943.82	.048	3958.33		45.51
HSC HOSPITALS	42	183		202,480.3	1	1106.45	.013	4820.96		14.11
NON-HSC HOSPITAL TOTAL	70	254		409,445.1	8	1611.99	.018	5849.22		28.53
ACCOMMODATIONS	70	254		124,140.7	5	488.74	.018	1773.44		8.65
ADMINISTRATIVE DAYS	0	0		6.6	9	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		503.1	4	.00	.000	.00		.04
ALL OTHER ACCOM	70	254		123,630.9	2	486.74	.018	1766.16		8.61
ANCILLARIES	70	0		285,304.4	3	.00	.000	4075.78		19.88
INPATIENT CROSSOVERS	55	255		41,198.5	6	161.56	.018	749.06		2.87
ALL OTHER INPATIENT	0	0		.2	6	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	2,125	11,111		326,220.0	0	29.36	.774	153.52		22.73
MEDICAL	914	1,237		66,176.8	7	53.50	.086	72.40		4.61
SURGERY	80	84		5,930.7	8	70.60	.006	74.13		.41
PATHOLOGY	888	3,914		47,908.8	9	12.24	.273	53.95		3.34
RADIOLOGY	566	857		75,288.5	8	87.85	.060	133.02		5.25
ROOM USE	1,102	1,530		66,100.7	2	43.20	.107	59.98		4.61
CROSSOVERS/ALL OTH OUTPTNT	707	3,489		64,814.1	6	18.58	.243	91.67		4.52
@COUNTY HOSPITAL TOTAL	41	208	\$	15,066.2	6 \$	72.43	.014	\$ 367.47	\$	1.05
CO HOSPITAL INPATIENT TOTAL	2	8		7,719.0	2	964.88	.001	3859.51		.54
HSC HOSPITALS	2	8		7,719.0	2	964.88	.001	3859.51		.54
NON-HSC HOSPITALS TOTAL	0	0		.0	0	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.0	0	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.0	0	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.0	0	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.0	0	.00	.000	.00		.00
ANCILLARIES	0	0		.0	0	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.0		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.0		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	39	200		7,347.2		36.74	.014	188.39		.51
MEDICAL	19	28		1,658.7		59.24	.002	87.30		.12
SURGERY	3	3		300.3		100.11	.000	100.11		.02
PATHOLOGY	25	76		847.2		11.15	.005	33.89		.06
RADIOLOGY	15	21		1,725.5		82.17	.001	115.04		.12
ROOM USE	26	40		1,873.6		46.84	.003	72.06		.13
CROSSOVERS/ALL OTH OUTPTNT		32		941.7		29.43	.002	62.78		.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		URES 1	MONTH-OF-PAYMENT	REPO	RT FOR JAN	2002 THRU	DEC 2002	PA	AGE 699
MOP024	FEE-FOR-SERVICE/DENTA									01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES H	FOR PUBLI	C ASS	ISTANCE						

----- MONTHLY AVERAGE -----14,351 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,197 11,595 964,278.05 \$ 83.16 .808 \$ 438.91 \$ @COMMUNITY HOSPITAL TOTAL 67.19 163 943.57 .048 3959.54 COMM HOSP INPATIENT TOTAL 684 645,405.29 44.97 HSC HOSPITALS 40 175 194,761.29 1112.92 .012 4869.03 13.57 NON-HSC HOSPITALS TOTAL 70 254 409,445.18 1611.99 .018 5849.22 28.53 70 254 124,140.75 488.74 1773.44 8.65 ACCOMMODATIONS .018 0 0 6.69 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .04 0 0 503.14 .00 TRANSITIONAL IP CARE .000 254 486.74 70 123,630.92 .018 1766.16 ALL OTHER ACCOM 8.61 70 ANCILLARIES 0 285,304.43 .00 .000 4075.78 19.88 55 255 2.87 INPATIENT CROSSOVERS 41,198.56 161.56 .018 749.06 ALL OTHER INPATIENT 0 .26 .000 .00 .00

INDICIN	031	1/200		01/010.10		55.50	• 00 1		1 1 . 00		1.00
SURGERY	77	81		5,630.46		69.51	.006		73.12		.39
PATHOLOGY	868	3,838		47,061.68		12.26	.267		54.22		3.28
RADIOLOGY	555	836		73,563.00		12.26 87.99 43.11 18.48	.058		54.22 132.55 59.47		5.13
ROOM USE	1,080 694	1,490 3,457		64,227.07		43.11	.104		59.47		4.48
CROSSOVERS/ALL OTH OUTPTNT	694	3,457		63,872.40		18.48	.241		92.04		4.45
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ś		Ś	
MENTALLY ILL	0	0	'	.00	•	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		- 0.0		. 00	.000		.00		.00
@NURSING FACILITY	72	1,718	Ś	226,292.14	Ś	131 72		Ś	3142.95		15.77
LEV A-INTERMEDIATE	0	0	-T	.00	-T	.00	.000	т.	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	-	0		.00		.00	.000		.00		.00
TEN B-CHBACHTE HODTE BACED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0					.000		.00		.00
LEV B TRANSTITIONAL IF CARE LEV B-REGULAR	72	1 710		226 202 14		121 72	.120		3142.95		15.77
@INTERMEDIATE CARE FACILDD	0 72 0	0 1,718 0	ċ	.00 226,292.14 .00	Ċ	.00	.000	Ċ			
ICF DDH	0	0	Ą	.00	Ą	.00	.000	۲	.00	۲	.00
	0	0									.00
ICF DD	0	0		.00		.00	.000		.00		
ICF DDN/DDCN			ċ	.00	Ċ	.00	.000	ċ	.00		.00
@HEMODIALYSIS TOTAL	44 11 34	228	\$	53,255.18	Ş	233.58		Ş	1210.35	Ş	3.71
HOSPITAL BASED	11	153		30,954.32		202.32	.011		2814.03		2.16
HEMODIALYSIS CENTER		75		22,300.86		297.34	.005		655.91		1.55
@REHABILITATION FACILITY	6	23	\$	526.40	Ş	22.89	.002	Ş	87.73	Ş	.04
HOSPITAL BASED	5	21		505.20 21.20 15,416.97 15,136.10 280.87 353,620.48 886.53 5,059.43		24.06	.001		101.04		.04
INDEPENDENT FACILITY	1 345 331 14	2		21.20		10.60	.000		21.20		.00
@LABORATORY FACILITY	345	1,045	\$	15,416.97	Ş	14.75	.073	Ş		Ş	
PATHOLOGY	331	1,027 18		15,136.10		14.74	.072		45.73		1.05
XO AND OTHERS	14			280.87		15.60	.001		20.06		.02
@ORGANIZED OUTPATIENT CLINIC	2,014	3,262	\$	353,620.48	\$	108.41	.227	\$	175.58	\$	24.64
CLINIC	16	63		886.53		14.07	.004		55.41		.06
SURGICENTER	20	136		5,059.43		37.20	.009		252.97		.35
HEROIN DETOX CLINIC	2	22		241.49		10.98	.002		120.75		.02
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	1,982	3,041		886.53 5,059.43 241.49 347,433.03		114.25	.212		175.29		24.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P	AGE 700
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
AMADOR COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	ASS	ISTANCE							
							M	ONT	HLY AVERA	GE	
14,351 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,688		\$	354,955.34	Ś	3.27	7 561	Ś	210 28		
DURABLE MED. EQUIP.	103	329		55,436.86 306.00 7,274.51 54,439.59		168 50	033		538.22		3.86
BLOOD BANK		20		306.00		15.30	.001		306.00		.02
UDADING AID DIGDDNGDDG	1.0	0.1		7.274.51		346.41	. 001		606.21		.51
MEDICAL TRANSPORTATION	236	21 15,595		54.439 59		3 49	1 087		230.68		3.79
AMBULANCES/AIR TRANS	99	1.822		20,611.55		11.31	127		208.20		1.44
OTHER TRANS	38	1,822 11,586		23,986.96		2 07	807		631.24		1.67
OTHER SERVICES	111	2,187		9,841.08		4 50	152		88.66		.69
ACUPUNCTURE	236 99 38 111 11 0 16 205	46		789.36		15.30 346.41 3.49 11.31 2.07 4.50 17.16 .00 67.25 40.49	.023 .001 .001 1.087 .127 .807 .152 .003		71.76		.06
ADULT DAY HEALTH CARE CTR	U T.T	0		.00		T / • T O	.003		11.10		.00
GENETIC DISEASE TESTING	1 6	1 <i>c</i>		1 076 00		67 25	000		71.76 .00 67.25 587.25 .00		.07
TRMC WODEL ME ME MING MOOD	20E	16 2 , 973		1,076.00 120,387.04		40 40	.001		587.25		
IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	205	2 , 9/3		120,307.04		40.49	. 207		201.25		
OCCUPATIONAL THERAPIST	217	479		.00 5,180.26		.00 10.81	.000		23.87		.00
OPTICIAN	217	4 / 9		5,180.26		10.81	.033		23.87		.36

2,100 10,911 897 1,209

0

0

COMM HOSP OUTPATIENT TOTAL

MEDICAL

PHYSICAL THERAPIST

29.22

53.36

.00

.00

.000

.00

.760 151.84

.084 71.93

22.22

4.50

.00

318,872.76 64,518.15

PORTABLE X-RAY	1	2	59.36	29.68	.000	59.36	.00
PROSTHETIST/ORTHOTISTS	23	45	7,438.54	165.30	.003	323.41	.52
PROSTHETICS	13	34	6 , 781.65	199.46	.002	521.67	.47
ORTHOTICS	10	11	656.89	59.72	.001	65.69	.05
PSYCHOLOGIST	1	9	550.79	61.20	.001	550.79	.04
SPEECH AND AUDIOLOGY	25	76	4,566.17	60.08	.005	182.65	.32
HOSPICE SERVICES	7	61	6,764.18	110.89	.004	966.31	.47
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	444	5 , 989	32,424.27	5.41	.417	73.03	2.26
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	1	1	29.48	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	586	82,841	58,262.41	.70	5.772	99.42	4.06
@CALIF. CHILDREN SERVICES*	106	4,239	\$ 130,188.07	\$ 30.71	.295	\$ 1228.19	\$ 9.07
@XOVER EXCLUDING STATE HOSP**	1,338	14,831	\$ 181,164.69	\$ 12.22	1.033	\$ 135.40	\$ 12.62

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 701
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U

AMADOR COUNTI	SUMMARI OF SER	VICES FOR MN - NO	50C	- AGED	AID	CODE 14 IR					
							MC	TNC	HLY AVERA	GE -	
1,025 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE			PΕ	R UNIT/DAY	PER ELIG		USER	E	ELIGIBLE
@TOTAL, ALL PROVIDERS	849	7,269	\$	345,300.48	\$	47.50	7.092	\$	406.71	\$	336.88
@PHYSICIANS SERVICES	165	607	\$	9,951.15	\$	16.39	.592	\$	60.31	\$	9.71
OUTPATIENT VISITS	3	3		142.90		47.63	.003		47.63		.14
OFFICE VISITS	3	3		142.90		47.63	.003		47.63		.14
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	2	10		377.71		37.77	.010		188.86		.37
HOSPITAL VISITS	2	10		377.71		37.77	.010		188.86		.37
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	1		236.41		236.41	.001		236.41		.23
PRINCIPAL SURGEON	1	1		236.41		236.41	.001		236.41		.23
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	2	6		242.25		40.38	.006		121.13		.24
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	162	587		8,951.88		15.25	.573		55.26		8.73
@PHARMACY	720	2,923	\$	165,035.88	\$	56.46	2.852	\$	229.22	\$	161.01
PRESCRIPTION DRUGS	719	2,892		163,706.02		56.61	2.821		227.69		159.71

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	38	173	11,650.82	67.35	.169	306.60	11.37
OUTPATIENTS	683	2,719	152,055.20		2.653	222.63	148.35
MEDICAL SUPPLIES	14	31	1,329.86	42.90		94.99	1.30
@DENTIST	53	187 \$	12,382.00	\$ 66.21	.182	\$ 233.62	\$ 12.08
VISITS - DIAGNOSTIC	31	103	1,551.00			50.03	1.51
ORAL SURGERY	7	32	1,777.00	55.53	.031	253.86	1.73
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.001	200.00	.20
ENDODONTICS	3	3	735.00	245.00	.003	245.00	.72
RESTORATIVE DENTISTRY	11	23	2,824.00	122.78	.022	256.73	2.76
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	13	25	5,295.00	211.80	.024	407.31	5.17
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT H	REPORT FOR JAN	N 2002 THRU D	DEC 2002	PAGE 702
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR MN - NO S	OC - AGED	AID CODE 14 1	lH 1U		
					MC	NTHLY AVERA	GE
1,025 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ST UNITS/DAYS		COST PER
		OR DAYS OF CARE			AY PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	42	88 \$	-,	·		•	•
DIAGNOSTIC AND ANC. PROCED	15	15	354.44	23.63		23.63	.35
EYE APPLIANCES	28	66	2,060.66	31.22			2.01
OTHER OPTOMETRIC SERVICES	3	7	115.96	16.57		38.65	.11
@CHIROPRACTOR	0	0 \$.00	\$.00	.000	•	•
VISITS	0	0	.00	.00	.000	.00	.00

1,025 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST		S	COST PER	OL	COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	42	88	\$ 2,531.06	\$	28.76	.086	\$	60.26	\$	2.47
DIAGNOSTIC AND ANC. PROCED	15	15	354.44		23.63	.015		23.63		.35
EYE APPLIANCES	28	66	2,060.66		31.22	.064		73.60		2.01
OTHER OPTOMETRIC SERVICES	3	7	115.96		16.57	.007		38.65		.11
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	16	18	\$ 137.05	\$	7.61	.018	\$	8.57	\$.13
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	16	18	137.05		7.61	.018		8.57		.13
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	2	\$ 20.76	\$	10.38	.002	\$	20.76	\$.02
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	34	155	\$ 8,745.33	\$	56.42	.151	\$	257.22	\$	8.53
HOSP INPATIENT TOTAL	11	41	6,335.51		154.52	.040		575.96		6.18
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	11	41	6 , 335.51		154.52	.040		575.96		6.18
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	23	114	2,409.82		21.14	.111		104.77		2.35
MEDICAL	2	2	78.29		39.15	.002		39.15		.08
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	3	15	200.85		13.39	.015		66.95		.20

RADIOLOGY	4	7	744.36	106.34	.007	186.09	.73
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	19	90	1,386.32	15.40	.088	72.96	1.35
@COUNTY HOSPITAL TOTAL	0	0 \$	21.28	\$.00	.000 \$.00	\$.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	21.28	.00	.000	.00	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	21.28	.00	.000	.00	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES MO	NTH-OF-PAYMENT R	REPORT FOR JAN	2002 THRU DEG	2002	PAGE 703
MOP024	FEE-FOR-SERVICE/DENT	ΓAL					01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES	FOR MN - NO SOC	- AGED	AID CODE 14 1H	1U		
					MON'	THLY AVERA	GE
1,025 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COST	, -	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	34	155 \$	8,724.05	\$ 56.28	.151 \$	256.59	\$ 8.51
COMM HOSP INPATIENT TOTAL	11	41	6,335.51	154.52	.040	575.96	6.18
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	Ο	Λ		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	11	41		6,335.51		154.52	.040		575.96		6.18
ALL OTHER INPATIENT	0	0		0,333.31		.00	.000		.00		.00
	23	•				20.95			103.85		2.33
COMM HOSP OUTPATIENT TOTAL	23	114		2,388.54			.111				
MEDICAL	2	2		78.29		39.15	.002		39.15		.08
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	15		200.85		13.39	.015		66.95		.20
RADIOLOGY	4	7		744.36		106.34	.007		186.09		.73
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	19	90		1,365.04		15.17	.088		71.84		1.33
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	36	906	\$	116,164.41	\$	128.22	.884	\$	3226.79	\$	113.33
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	36	906		116,164.41		128.22	.884		3226.79		113.33
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	т.	.00	- T	.00	.000	- T	.00	7	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.00	Ċ	.00
HOSPITAL BASED	0	0	Y	.00	٧	.00	.000	Y	.00	Ÿ	.00
	0	•					.000				
HEMODIALYSIS CENTER	0	0	\$.00	Ċ	.00		\$.00	ċ	.00
@REHABILITATION FACILITY	0	0	Ş	.00	Ą	.00	.000	Þ	.00	\$.00
HOSPITAL BASED	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	_	.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	9	\$	164.24	\$	18.25	.009	Ş	27.37	\$.16
PATHOLOGY	Ţ	Ţ		28.00		28.00	.001		28.00		.03
XO AND OTHERS	5	8		136.24		17.03	.008		27.25		.13
@ORGANIZED OUTPATIENT CLINIC	106	141	Ş	8,393.08	\$	59.53		\$	79.18	\$	8.19
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	2	2		399.76		199.88	.002		199.88		.39
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	104	139		7,993.32		57.51	.136		76.86		7.80
#CALIF DEPT OF HEALTH SERV			JRES I	MONTH-OF-PAYMENT H	REPORT	FOR JAN 2	2002 THRU	DEC	2002	PΖ	AGE 704
MOP024	FEE-FOR-SERVICE	I/DENTAL									01/17/03
AMADOR COUNTY	SUMMARY OF SERV	VICES FOR MN - 1	10 SO	C - AGED	AID (CODE 14 1H	1U				
							M	CNT	HLY AVERA	GE -	
1,025 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CAR	RE		PEF	R UNIT/DAY	PER ELIG		USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	134	2,233	\$	21,775.52	\$	9.75	2.179	\$	162.50	\$	21.24
DURABLE MED. EQUIP.	1	1		55.07		55.07	.001		55.07		.05
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	2	3		1,150.13		383.38	.003		575.07		1.12
MEDICAL TRANSPORTATION	35	642		3,230.11		5.03	.626		92.29		3.15
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	3	28		106.63		3.81	.027		35.54		.10
OTHER SERVICES	33	614		3,123.48		5.09	.599		94.65		3.05
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
11001 01101 01111	O	O		.00		• 0 0	.000		.00		• 0 0

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00)	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00)	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	19	72	5,681.84	78.91	.070	299.04	1	5.54
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00)	.00
OPTICIAN	25	57	624.13	10.95	.056	24.9	7	.61
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00)	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00)	.00
PROSTHETIST/ORTHOTISTS	2	5	74.12	14.82	.005	37.0	5	.07
PROSTHETICS	1	4	15.43	3.86	.004	15.43	3	.02
ORTHOTICS	1	1	58.69	58.69	.001	58.69	9	.06
PSYCHOLOGIST	4	5	30.40	6.08	.005	7.60)	.03
SPEECH AND AUDIOLOGY	4	8	899.04	112.38	.008	224.7	5	.88
HOSPICE SERVICES	3	61	6,508.80	106.70	.060	2169.60)	6.35
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00)	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00)	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00)	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00)	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00)	.00
ALL OTHER PROVIDERS	51	1,379	3,521.88	2.55	1.345	69.0	5	3.44
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00) \$.00
@XOVER EXCLUDING STATE HOSP**	242	1,482	\$ 35,305.18	\$ 23.82	1.446	\$ 145.89	\$	34.44

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 705
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
AMADOR COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

----- MONTHLY AVERAGE -----UNITS OF SERVICE 00 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 @TOTAL, ALL PROVIDERS 0 .00 \$.00 .000 \$.00 \$.00 .00 .000 \$ @PHYSICIANS SERVICES 0 0 .00 .00 \$.00 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 .00 OFFICE VISITS .00 .000 .00 .00 HOME VISITS .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 EMERGENCY ROOM PREVENTIVE CARE .00 .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 HOSPITAL VISITS .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 . 00 .00 .00 .00 .000 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .000 INPATIENT HOSPITAL SURGERY .00 .00 .00 .00 .00 PRINCIPAL SURGEON .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 PRINCIPAL SURGEON .00 .000 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF	-PAYMENT REP	ORT FOR JAN	2002 THRU D	DEC 2002	PAGE	706
MOP024	FEE-FOR-SERVICE/DENTAL	L						01	1/17/03

MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

AMADOR COUNTY

AMADOR COUNTI	SUMMARI OF SER	VICES FOR MIN - NO	J 50C	- PLIND		AID CODE	24				
							MO	TIC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS OF CAR	₹.		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00		\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000 \$.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0				.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00
ACCOMMODATIONS	•	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002	PAGE 707
MOP024	FEE-FOR-SERVICE/I	DENTAL					01/17/03
AMADOR COUNTY		CES FOR MN - NO SOC	- BLIND	AID CODE	24		
					MONT	HLY AVERAG	E
00 ELIGIBLES	USERS (NITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	Ô	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0					
COMM HOSP OUTPATIENT TOTAL	0	U	.00	.00	.000	.00	.00
MEDICAL	0	U	.00	.00	.000	.00	.00
SURGERY	U	0	.00	.00	.000	.00	.00
PATHOLOGY	U	0	.00	.00	.000	.00	.00
RADIOLOGY	U	U	.00	.00	.000	.00	.00
ROOM USE	Ü	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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@STATE HOSPITAL

MENTALLY ILL

@NURSING FACILITY

DEVELOP. DISABLED

LEV A-INTERMEDIATE

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LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	G 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ś	.00	.000	Ś		Ś	.00
ICF DDH	0	0	т.	.00	т	.00	.000	7	.00	7	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	Ś	.00	Ś	.00	.000	Ś		Ś	.00
HOSPITAL BASED	0	0	·	.00		.00	.000	·	.00	·	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0	·	.00		.00	.000	·	.00	·	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES MC	NTH-OF-PAYMENT R	EPORT FO	R JAN	2002 THRU	DEC	2002	PAGE	708
MOP024	FEE-FOR-SERVICE/DE	NTAL								01	L/17/03
AMADOR COUNTY	SUMMARY OF SERVICE	S FOR MN - NO	SOC	- BLIND	AI	D CODE	24				
							M	IONT	HLY AVERA	GE	
00 ELIGIBLES	USERS UN	ITS OF SERVICE		EXPENDITURES	_		UNITS/DAY	'S	COST PER	COST	r per
	0	R DAYS OF CARE	1		PER UN	IT/DAY			USER	ELIC	FIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$		\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	Λ	<u> </u>		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00
<pre>@* TOTALS IN THESE LINES ARE GIVEN</pre>	AS A SEPARATE 1	NFORMATION ITEM ONLY;					
THE AMOUNTS ARE ALREADY INCLUDED	D IN THE APPROPE	RIATE DETAIL LINES ABO	VE.				
** THESE DATA ARE INCLUDED IN THE	APPROPRIATE DET	TAIL LINES ABOVE.					

PAGE 709 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 AMADOR COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE 961 ELIGIBLES USERS AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE 385,983.94 \$ 24.43 817 175 15,799 \$ 472.44 \$ 401.65 @TOTAL, ALL PROVIDERS 16.440 \$.720 \$ 87.18 \$.056 69.03 @PHYSICIANS SERVICES 692 \$ 15,256.03 \$ 22.05 36 OUTPATIENT VISITS 54 2,485.08 46.02 2.59 46.02 .056
43.74 .031
.00 .000
66.56 .014
.00 .000
.00 .000
27.98 .011
47.19 .014
47.19 .014
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.00 .000
.00 .000
.00 .000 OFFICE VISITS 28 30 1,312.08 46.86 1.37 HOME VISITS 0 0 .00 .00 .00 EMERGENCY ROOM 13 865.24 123.61 .90 0 0 .00 .00 .00 PREVENTIVE CARE .00 OB VISITS/COMPRE PERI 0 0 .00 .00 307.76 OTHER OUTPATIENT 51.29 122.68 13 613.41 INPATIENT VISITS .64 HOSPITAL VISITS 5 13 613.41 122.68 .64 CRITICAL CARE .00 .00 .00 SNF/ICF/TRANS IP CARE 0 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 0 .00 .00 .00 EXAMINATIONS 0 .00 .00 .000 .00 .00 0 .00 .00 .00 SERVICES AND MATERIALS .000 .00 147 571.51 3.89 .153 190.50 .59 INPATIENT HOSPITAL SURGERY 1 PRINCIPAL SURGEON 257.43 257.43 .001 257.43 .27 .000 ASSISTANT SURGEON 0 .00 .00 .00 .00 ANESTHESIOLOGIST 146 314.08 2.15 .152 157.04 .33

OUTPATIENT SURGERY	10	21		2,713.17		129.20	.022		271.32		2.82
PRINCIPAL SURGEON	8	11		2,319.91		210.90	.011		289.99		2.41
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	4	10		393.26		39.33	.010		98.32		.41
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	12		927.47		77.29	.012		231.87		.97
RADIOLOGY	22	39		991.40		25.42	.041		45.06		1.03
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	3	4		49.15		12.29	.004		16.38		.05
OTHER SERVICES/ALL X-OVERS	133	402		6,904.84		17.18	.418		51.92		7.19
@PHARMACY	715	5,265	\$	267,194.09	\$	50.75	5.479	\$	373.70	\$	278.04
PRESCRIPTION DRUGS	710	2,986		262,299.16		87.84			369.44		272.94
SNF/ICF	15	140		18,698.34			.146		1246.56		19.46
OUTPATIENTS	695	2,846		243,600.82		85.59	2.961		350.50		253.49
MEDICAL SUPPLIES	54	2,279		4,894.93		2.15	2.371		90.65		5.09
@DENTIST	61	246	\$	12,542.63	\$	50.99	.256	\$	205.62	\$	13.05
VISITS - DIAGNOSTIC	37	138		2,257.00		16.36	.144		61.00		2.35
ORAL SURGERY	9	29		1,307.00		45.07	.030		145.22		1.36
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	4	5		800.00		160.00	.005		200.00		.83
ENDODONTICS	3	5		1,210.00		242.00	.005		403.33		1.26
RESTORATIVE DENTISTRY	17	55		4,676.50		85.03	.057		275.09		4.87
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	9	13		2,110.00		162.31	.014		234.44		2.20
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		182.13		182.13	.001		182.13		.19
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES	MONTH-OF-PAYMENT R	EPOR?	r for jan	2002 THRU	DEC	2002	P7	AGE 710
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FO	R MN -	NO SC	OC - DISABLED 64	6G 6I	4 6U 6V 6					
							M	CNT	HLY AVERA	.GE -	

							[v]	ON.T	HLY AVERA	GE	
961 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	30	63	\$	1,344.34	\$	21.34	.066	\$	44.81	\$	1.40
DIAGNOSTIC AND ANC. PROCED	17	16		459.35		28.71	.017		27.02		.48
EYE APPLIANCES	16	45		695.19		15.45	.047		43.45		.72
OTHER OPTOMETRIC SERVICES	4	2		189.80		94.90	.002		47.45		.20
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	10	15	\$	170.37	\$	11.36	.016	\$	17.04	\$.18
MEDICINE/INJECTIONS	3	4		115.20		28.80	.004		38.40		.12
SURGERY/ANES.	1	1		15.00		15.00	.001		15.00		.02
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	6	10		40.17		4.02	.010		6.70		.04
@HOME HEALTH AGENCY	8	902	\$	26,792.33	\$	29.70	.939	\$	3349.04	\$	27.88
NURSE ANESTHESIST	3	30	\$	86.81	\$	2.89	.031	\$	28.94	\$.09
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	94	573	\$	24,417.87	\$	42.61	.596	\$	259.76	\$	25.41
HOSP INPATIENT TOTAL	8	25		9,275.97		371.04	.026		1159.50		9.65
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITAL TOTAL	1	3		3,933.29	1311.10	.003	3933.29		4.09
ACCOMMODATIONS	1	3		1,404.00	468.00	.003	1404.00		1.46
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	3		1,404.00	468.00	.003	1404.00		1.46
ANCILLARIES	1	0		2,529.29	.00	.000	2529.29		2.63
INPATIENT CROSSOVERS	7	22		5,342.68	242.85	.023	763.24		5.56
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	88	548		15,141.90	27.63	.570	172.07		15.76
MEDICAL	21	33		2,180.69	66.08	.034	103.84		2.27
SURGERY	8	7		638.09	91.16	.007	79.76		.66
PATHOLOGY	41	211		2,380.54	11.28	.220	58.06		2.48
RADIOLOGY	21	38		2,725.56	71.73	.040	129.79		2.84
ROOM USE	28	50		2,773.54	55.47	.052	99.06		2.89
CROSSOVERS/ALL OTH OUTPTNT	50	209		4,443.48	21.26	.217	88.87		4.62
@COUNTY HOSPITAL TOTAL	0	0	\$	14.40	\$.00	.000		Ś	.01
CO HOSPITAL INPATIENT TOTAL	0	0	Υ	.00	.00	.000	.00	٧	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		14.40	.00	.000	.00		.01
MEDICAL	0	0		6.44	.00	.000	.00		.01
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		7.96	.00	.000	.00		.01
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		•	IRES N	MONTH-OF-PAYMENT R				Þ.	AGE 711
MOP024	FEE-FOR-SERVICE		TILLO I		DIONI ION OIN A	LOUZ IIIKO D	LC 2002		01/17/03
AMADOR COUNTY		ICES FOR MN - N	10 500	C - DISABLED 64	6G 6H 6U 6V 6X	8G			01/1//03
THE BOTT COUNTY	COLUMN OF SERV	1000 1010 1110 1	.0 500	0 0 1 0 1 0 1	00 011 00 01 011		NTHLY AVERA	GE.	
961 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVERAGE COST			-	COST PER
3 01 2213223	0021.0	OR DAYS OF CAF		2112 2112 2 1 0 1 1 1 0	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	94	573	\$	24,403.47	\$ 42.59	.596			25.39
COMM HOSP INPATIENT TOTAL	8	25	т	9,275.97	371.04	.026	1159.50	т.	9.65
COINT HOOF INTRILLING TOTAL	0	23		3,2,3.31	371.01	.020	1100.00		J. 05

961 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	94	573 \$	24,403.47	\$ 42.59	.596 \$	259.61	\$ 25.39
COMM HOSP INPATIENT TOTAL	8	25	9,275.97	371.04	.026	1159.50	9.65
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3	3,933.29	1311.10	.003	3933.29	4.09
ACCOMMODATIONS	1	3	1,404.00	468.00	.003	1404.00	1.46
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,404.00	468.00	.003	1404.00	1.46
ANCILLARIES	1	0	2,529.29	.00	.000	2529.29	2.63
INPATIENT CROSSOVERS	7	22	5,342.68	242.85	.023	763.24	5.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	88	548	15,127.50	27.60	.570	171.90	15.74
MEDICAL	21	33	2,174.25	65.89	.034	103.54	2.26
SURGERY	8	7	638.09	91.16	.007	79.76	.66
PATHOLOGY	41	211	2,380.54	11.28	.220	58.06	2.48
RADIOLOGY	21	38	2,725.56	71.73	.040	129.79	2.84
ROOM USE	28	50	2,765.58	55.31	.052	98.77	2.88

CROSSOVERS/ALL OTH OUTPTNT	50	209		4,443.48		21.26	.217		88.87		4.62
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	3	59	\$	6,876.67	\$	116.55	.061	\$	2292.22	\$	7.16
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	3	59		6,876.67		116.55	.061		2292.22		7.16
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	20	31	\$	649.89	\$	20.96	.032	\$	32.49	\$.68
PATHOLOGY	12	22		513.63		23.35	.023		42.80		.53
XO AND OTHERS	8	9		136.26		15.14	.009		17.03		.14
@ORGANIZED OUTPATIENT CLINIC	143	237	\$	21,490.62	\$	90.68	.247	\$	150.28	\$	22.36
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	9		167.28		18.59	.009		167.28		.17
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	142	228		21,323.34		93.52	.237		150.16		22.19
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES M	ONTH-OF-PAYMENT R	EPOR'	r for Jan 2	2002 THRU	DEC	2002	PΑ	AGE 712
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR MN - N	10 SOC	- DISABLED 64	6G 6I	H 6U 6V 6X	8G				
							M	TNO	HLY AVERA	GE -	
961 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER

					MO	NTHLY AVERA	GE
961 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	101	7 , 686 \$	9,162.29	\$ 1.19	7.998	\$ 90.72	\$ 9.53
DURABLE MED. EQUIP.	4	7	380.83	54.40	.007	95.21	.40
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	195	513.99	2.64	.203	85.67	.53
AMBULANCES/AIR TRANS	1	3	144.15	48.05	.003	144.15	.15
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	5	192	369.84	1.93	.200	73.97	.38
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	19	46	481.02	10.46	.048	25.32	.50
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	4	1,988.57	497.14	.004	994.29	2.07
PROSTHETICS	2	3	1,929.61	643.20	.003	964.81	2.01
ORTHOTICS	1	1	58.96	58.96	.001	58.96	.06
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	18	675.00	37.50	.019	337.50	.70

HOSPICE SERVICES	Ω	Ω		.00	.00	.000	.0	Λ	.00
	0	0							
NONINST BIRTHING CENTERS	Ü	0		.00	.00	.000	.0	0	.00
LOCAL EDUCATION AGENCIES	7	368		1,513.39	4.11	.383	216.2	0	1.57
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.0	0	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.0	0	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.0	0	.00
ALL OTHER PROVIDERS	65	7,048		3,609.49	.51	7.334	55.5	3	3.76
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
@XOVER EXCLUDING STATE HOSP**	190	2,749	\$	16,454.96	\$ 5.99	2.861	\$ 86.6	1 \$	17.12
A* TOTALS IN THESE LINES ARE CIVEN	AS A SEDARATE	TNEORMATION	TTEM ONLY.						

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 713
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
AMADOR COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

					MOI	NTHLY AVERA	GE
14,131 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	7,110	38 , 381	\$ 2,325,362.37	\$ 60.59	2.716	\$ 327.06	\$ 164.56
@PHYSICIANS SERVICES	2,242	6 , 842	\$ 290,660.80	\$ 42.48	.484	\$ 129.64	\$ 20.57
OUTPATIENT VISITS	1,404	1,939	69,100.97	35.64	.137	49.22	4.89
OFFICE VISITS	1,191	1 , 545	49,796.81	32.23	.109	41.81	3.52
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	76	81	4,054.68	50.06	.006	53.35	.29
PREVENTIVE CARE	4	4	159.93	39.98	.000	39.98	.01
OB VISITS/COMPRE PERI	121	261	13,722.93	52.58	.018	113.41	.97
OTHER OUTPATIENT	44	48	1,366.62	28.47	.003	31.06	.10
INPATIENT VISITS	121	465	38,623.76	83.06	.033	319.20	2.73
HOSPITAL VISITS	108	231	10,736.67	46.48	.016	99.41	.76
CRITICAL CARE	21	234	27 , 887.09	119.18	.017	1327.96	1.97
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	3	130.23	43.41	.000	65.12	.01

EXAMINATIONS	2	3		130.23		43.41	.000		65.12		.01
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	149	1,362		66,485.40		48.81	.096		446.21		4.70
PRINCIPAL SURGEON	88	102		50,616.06		496.24	.007		575.18		3.58
ASSISTANT SURGEON	23	23		3,748.53		162.98	.002		162.98		.27
ANESTHESIOLOGIST	65	1,237		12,120.81		9.80	.088		186.47		.86
OUTPATIENT SURGERY	254	809		53,734.84		66.42	.057		211.55		3.80
PRINCIPAL SURGEON	203	267		41,781.89		156.49	.019		205.82		2.96
ASSISTANT SURGEON	1	1		146.22		146.22	.000		146.22		.01
ANESTHESIOLOGIST	86	541		11,806.73		21.82	.038		137.29		.84
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	219	330		6,960.57		21.09	.023		31.78		.49
RADIOLOGY	652	993		25,648.03		25.83	.070		39.34		1.82
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	61	137		5,331.15		38.91	.010		87.40		.38
OTHER SERVICES/ALL X-OVERS	233	804		24,645.85		30.65	.057		105.78		1.74
@ PHARMACY	3,776	8,978	\$	463,153.21	\$	51.59	.635	\$	122.66	\$	32.78
PRESCRIPTION DRUGS	3,751	8,799		456,177.61		51.84	.623		121.61		32.28
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	3,751	8,799		456,177.61		51.84	.623		121.61		32.28
MEDICAL SUPPLIES	. 86	179		6,975.60		38.97	.013		81.11		.49
@DENTIST	607	2,991	\$	134,593.80	\$.212	\$		\$	9.52
VISITS - DIAGNOSTIC	387	1,636		25,277.20		15.45	.116		65.32		1.79
ORAL SURGERY	81	221		14,018.60		63.43	.016		173.07		.99
DRUGS	9	11		130.00		11.82	.001		14.44		.01
ANESTHESIA	8	8		800.00		100.00	.001		100.00		.06
PERIODONTICS	21	21		3,155.00		150.24	.001		150.24		.22
ENDODONTICS	67	123		18,808.00		152.91	.009		280.72		1.33
RESTORATIVE DENTISTRY	241	830		58,209.00		70.13	.059		241.53		4.12
PROSTHETICS	2	2		60.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	20	89		8,642.00		97.10	.006		432.10		.61
SPACE MAINTAINERS	4	6		684.00		114.00	.000		171.00		.05
MAXILLOFACIAL SERVICES	4	5		300.00		60.00	.000		75.00		.02
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	23	35		4,435.00		126.71	.002		192.83		.31
ALL OTHER SERVICES	3	4		75.00		18.75	.000		25.00		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES I	MONTH-OF-PAYMENT RE	EPOR:	r for Jan 2	2002 THRU	DEC	2002	PA	GE 714
MOP024	FEE-FOR-SERVICE/DEN	ITAL									01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES		OC-F	AM 34 39 3N 3T 3V 5	54 59	9 5J 5W-5Y	6J				
							M	ONT	HLY AVERA	.GE -	
							,				

						M	ON'.	I'HLY AVERA	GE.	
14,131 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	195	490	\$ 12,259.75	\$	25.02	.035	\$	62.87	\$.87
DIAGNOSTIC AND ANC. PROCED	144	145	6,723.23		46.37	.010		46.69		.48
EYE APPLIANCES	112	313	4,845.13		15.48	.022		43.26		.34
OTHER OPTOMETRIC SERVICES	30	32	691.39		21.61	.002		23.05		.05
@CHIROPRACTOR	20	32	\$ 497.42	\$	15.54	.002	\$	24.87	\$.04
VISITS	20	32	497.42		15.54	.002		24.87		.04
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	17	25	\$ 830.90	\$	33.24	.002	\$	48.88	\$.06
MEDICINE/INJECTIONS	13	13	561.20		43.17	.001		43.17		.04
SURGERY/ANES.	5	10	235.10		23.51	.001		47.02		.02
RADIO./PATHOLOGY	2	2	34.60		17.30	.000		17.30		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	8	33	\$ 2,105.05	\$	63.79	.002	\$	263.13	\$.15
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	3	18	\$	596.75	\$	33.15	.001	\$ 198.92	\$.04
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$	75.17	\$	75.17	.000			.01
@TOTAL HOSPITAL	2,322	9,502	\$	1,063,424.39	\$	111.92	.672			75.25
HOSP INPATIENT TOTAL	120	659		790,528.41		1199.59	.047	6587.74		55.94
HSC HOSPITALS	37	337		410,867.22		1219.19	.024	11104.52		29.08
NON-HSC HOSPITAL TOTAL	80	306		376,781.71		1231.31	.022	4709.77		26.66
ACCOMMODATIONS	78	306		124,173.29		405.80	.022	1591.97		8.79
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	78	306		124,173.29		405.80	.022	1591.97		8.79
ANCILLARIES	80	0		252,608.42		.00	.000	3157.61		17.88
INPATIENT CROSSOVERS	4	16		2,879.48		179.97	.001	719.87		.20
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	2,255	8,843		272,895.98		30.86	.626	121.02		19.31
MEDICAL	1,139	1,467		72,147.26		49.18	.104	63.34		5.11
SURGERY	102	105		6,819.87		64.95	.007	66.86		.48
PATHOLOGY	899	3,477		42,564.17		12.24	.246	47.35		3.01
RADIOLOGY	605	846		57,572.16		68.05	.060	95.16		4.07
ROOM USE	1,330	1,766		74,719.96		42.31	.125	56.18		5.29
CROSSOVERS/ALL OTH OUTPTNT		1,182		19,072.56		16.14	.084	32.05		1.35
@COUNTY HOSPITAL TOTAL	14	37	\$	1,193.60	\$	32.26	.003	\$ 85.26	\$.08
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	14	37		1,193.60		32.26	.003	85.26		.08
MEDICAL	4	5		322.98		64.60	.000	80.75		.02
SURGERY	2	2		30.33		15.17	.000	15.17		.00
PATHOLOGY	5	16		247.03		15.44	.001	49.41		.02
RADIOLOGY	6	8		206.85		25.86	.001	34.48		.01
ROOM USE	4	5		321.59		64.32	.000	80.40		.02
CROSSOVERS/ALL OTH OUTPTNT		1		64.82		64.82	.000	64.82		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .		JRES M	ONTH-OF-PAYMENT R	EPOR	RT FOR JAN	2002 THRU	DEC 2002	PA	
MOP024	FEE-FOR-SERVICE/DE	NTAL								01/17/03

----- MONTHLY AVERAGE -----14,131 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,313 9,465 1,062,230.79 .670 \$ 459.24 \$ @COMMUNITY HOSPITAL TOTAL \$ 112.23 75.17 120 1199.59 .047 COMM HOSP INPATIENT TOTAL 659 790,528.41 6587.74 55.94 37 HSC HOSPITALS 337 410,867.22 1219.19 .024 11104.52 29.08 NON-HSC HOSPITALS TOTAL 80 306 376,781.71 1231.31 .022 4709.77 26.66 78 306 405.80 1591.97 8.79 ACCOMMODATIONS 124,173.29 .022 0 0 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 78 306 405.80 .022 1591.97 8.79 ALL OTHER ACCOM 124,173.29 ANCILLARIES 80 0 252,608.42 .00 .000 3157.61 17.88 INPATIENT CROSSOVERS 4 16 2,879.48 179.97 .001 719.87 .20 ALL OTHER INPATIENT .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

AMADOR COUNTY

COMM HOSP OUTPATIENT TOTAL 2,246 8,806 271,702.38 30.85 623 120.97 19.23 MEDICAL 1,135 1,462 71,824.28 49.13 .103 63.28 5.08 SURGERY 100 103 6,789.54 65.92 .007 67.90 .48 PATHOLOGY 894 3,461 42,317.14 12.23 .245 47.33 2.99 RADIOLOGY 601 838 57,365.31 68.46 .059 95.45 4.06 ROOM USE 1,328 1,761 74,398.37 42.25 .125 56.02 5.26 CROSSOVERS/ALL OTH OUTPINT 594 1,181 19,007.74 16.09 .084 32.00 1.35 6STATE HOSPITAL 0 0 \$.00 \$.00 .00 \$
SURGERY 100 103 6,789.54 65.92 .007 67.90 .48 PATHOLOGY 894 3,461 42,317.14 12.23 .245 47.33 2.99 RADIOLOGY 601 838 57,365.31 68.46 .059 95.45 4.06 ROOM USE 1,328 1,761 74,398.37 42.25 .125 56.02 5.26 CROSSOVERS/ALL OTH OUTPTNT 594 1,181 19,007.74 16.09 .084 32.00 1.35 @STATE HOSPITAL 0 0 \$.00 \$.00
PATHOLOGY 894 3,461 42,317.14 12.23 .245 47.33 2.99 RADIOLOGY 601 838 57,365.31 68.46 .059 95.45 4.06 ROOM USE 1,328 1,761 74,398.37 42.25 .125 56.02 5.26 CROSSOVERS/ALL OTH OUTPTNT 594 1,181 19,007.74 16.09 .084 32.00 1.35 @STATE HOSPITAL 0 0 0 \$.00 \$.00 .000 \$.00 \$.00 MENTALLY ILL 0 0 0 0 \$.00 .00 .000 .00 .00 DEVELOP. DISABLED 0 0 0 0 .00 .00 .00 .00 .00 @NURSING FACILITY 0 0 0 \$.00 \$.00 .00 \$.00 LEV A-INTERMEDIATE 0 0 0 \$.00 .00 .00 .00 .00 LEV B-REHAB MD 0 0 0 0 .00 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING 0 0 0 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 0 0 .00 .00 .00 .00 .00 LEV B-TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 @INTERMEDIATE CARE FACILDD 0 \$.00 \$.00 \$.00 .00 @INTERMEDIATE CARE FACILDD 0 \$.00 \$.00 \$.00 .00 @INTERMEDIATE CARE FACILDD 0 \$.00 \$.00 \$.00 .00 .00 @INTERMEDIATE CARE FACILDD 0 \$.00 \$.00 \$.00 \$.00 @INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 @INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 \$.00 \$.00 \$.00
RADIOLOGY 601 838 57,365.31 68.46 .059 95.45 4.06 ROOM USE 1,328 1,761 74,398.37 42.25 .125 56.02 5.26 CROSSOVERS/ALL OTH OUTPTNT 594 1,181 19,007.74 16.09 .084 32.00 1.35 @STATE HOSPITAL 0 0 \$.00 \$.00 .000 \$.00 \$.00 MENTALLY ILL 0 0 0 0 .00 .00 .00 .00 .00 .00 DEVELOP. DISABLED 0 0 0 .00 .00 .00 .00 .00 .00 @NURSING FACILITY 0 0 0 \$.00 \$.00 \$.00 \$.00 LEV A-INTERMEDIATE 0 0 0 0 .00 .00 .00 .00 .00 LEV B-REHAB MD 0 0 0 .00 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00 .00 LEV B-RANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00 @INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 \$.00 .00 .00 @INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 \$.00 \$.00 @INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 \$.00 \$.00 \$.00
ROOM USE 1,328 1,761 74,398.37 42.25 .125 56.02 5.26 CROSSOVERS/ALL OTH OUTPINT 594 1,181 19,007.74 16.09 .084 32.00 1.35 @STATE HOSPITAL 0 0 \$.00 \$.00 .00 .00 \$.00 \$.00 \$.00 <
CROSSOVERS/ALL OTH OUTPTNT 594 1,181 19,007.74 16.09 .084 32.00 1.35 @STATE HOSPITAL 0 0 0 \$.00 \$.00 .000 \$.00 \$.00 MENTALLY ILL 0 0 0 0 .00 .00 .00 .00 .00 .00 DEVELOP. DISABLED 0 0 0 0 .00 .00 .00 .00 .00 .00 @NURSING FACILITY 0 0 0 \$.00 \$.00 .00 \$.00 \$.00 LEV A-INTERMEDIATE 0 0 0 0 .00 .00 .00 .00 .00 .00 LEV B-REHAB MD 0 0 0 .00 .00 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING 0 0 0 .00 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 0 0 .00 .00 .00 .00 .00 LEV B-TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 @INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 \$.00 \$.00 @INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 \$.00 \$.00
@STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00 \$.00
MENTALLY ILL 0 .00
DEVELOP. DISABLED 0 0 .00 .00 .00 .00 .00 .00 @NURSING FACILITY 0 0 \$.00 \$.00 .00 \$.00 \$.00 \$.00 <td< td=""></td<>
@NURSING FACILITY 0 0 \$.00 \$.00 .
LEV A-INTERMEDIATE 0 0 .00
LEV B-REHAB MD 0 0 .00
LEV B-SUBACUTE FREESTANDING 0 0 .00
LEV B-SUBACUTE HSPTL BASED 0 0 .00 .
LEV B-TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
LEV B-REGULAR 0 0 .00
@INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 \$.00 \$.00
@INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 \$.00 \$.00
ICF DDH 0 0 .00 .00 .00 .00 .00 .00
ICF DD 0 0 .00 .00 .00 .00 .00 .00
ICF DDN/DDCN 0 0 .00 .00 .00 .00 .00
@HEMODIALYSIS TOTAL 0 0 \$.00 \$.00 \$.00 \$.00
HOSPITAL BASED 0 0 .00 .00 .00 .00 .00 .00
HEMODIALYSIS CENTER 0 0 0 .00 .00 .00 .00 .00 .00
@REHABILITATION FACILITY 4 27 \$ 632.08 \$ 23.41 .002 \$ 158.02 \$.04
HOSPITAL BASED 4 27 632.08 23.41 .002 158.02 .04
INDEPENDENT FACILITY 0 0 .00 .00 .00 .00 .00 .00
@LABORATORY FACILITY 356 861 \$ 15,893.76 \$ 18.46 .061 \$ 44.65 \$ 1.12
PATHOLOGY 355 859 15,833.51 18.43 .061 44.60 1.12
XO AND OTHERS 1 2 60.25 30.13 .000 60.25 .00
@ORGANIZED OUTPATIENT CLINIC 1,496 2,255 \$ 273,990.37 \$ 121.50 .160 \$ 183.15 \$ 19.39
CLINIC 35 148 4,519.83 30.54 .010 129.14 .32
SURGICENTER 13 97 3,167.55 32.66 .007 243.66 .22
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00
RURAL HEALTH CLINIC 1,452 2,010 266,302.99 132.49 .142 183.40 18.85
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 716
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
AMADOR COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J
MONTHLY AVERAGE
14,131 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

14,131 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	861	6 , 326	\$ 66,648.92	\$ 10.54	.448	\$ 77.41	\$ 4.72
DURABLE MED. EQUIP.	26	107	4,584.66	42.85	.008	176.33	.32
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	85	1,533	24,889.48	16.24	.108	292.82	1.76
AMBULANCES/AIR TRANS	80	1,375	20,825.88	15.15	.097	260.32	1.47
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	7	158	4,063.60	25.72	.011	580.51	.29
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	41	41	3,075.00	75.00	.003	75.00	.22
IHMC, MODEL-NF, NF, AIDS, MSSP	1	6	272.58	45.43	.000	272.58	.02
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	116	243	2,289.20	9.42	.017	19.73	.16
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	14	32	7,077.25	221.16	.002	505.52	.50
PROSTHETICS	7	25	6,618.90	264.76	.002	945.56	.47
ORTHOTICS	7	7	458.35	65.48	.000	65.48	.03
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	569	2,532	23,027.37	9.09	.179	40.47	1.63
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	15	1,832	1,433.38	.78	.130	95.56	.10
@CALIF. CHILDREN SERVICES*	64	502	\$ 285,969.88	\$ 569.66	.036	\$ 4468.28	\$ 20.24
@XOVER EXCLUDING STATE HOSP**	23	263	\$ 4,365.96	\$ 16.60	.019	\$ 189.82	\$.31

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 717 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

AMADOR COUNTY SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

AMADOR COUNTI	SOMMAKI OF SEK	VICES FOR ZO MEDICA	TTI NEEDI - NO	300			
					MC	NTHLY AVERA	GE
16,117 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITU	RES AVERAGE COS'	T UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	8 , 776	61,449 \$	3,056,646	.79 \$ 49.74	3.813	\$ 348.30	\$ 189.65
@PHYSICIANS SERVICES	2,582	8,141 \$	315,867	.98 \$ 38.80	.505	\$ 122.33	\$ 19.60
OUTPATIENT VISITS	1,443	1,996	71,728	.95 35.94	.124	49.71	4.45
OFFICE VISITS	1,222	1,578	51 , 251	.79 32.48	.098	41.94	3.18
HOME VISITS	0	0		.00	.000	.00	.00
EMERGENCY ROOM	83	94	4,919	.92 52.34	.006	59.28	.31
PREVENTIVE CARE	4	4	159	.93 39.98	.000	39.98	.01
OB VISITS/COMPRE PERI	121	261	13,722	.93 52.58	.016	113.41	.85
OTHER OUTPATIENT	50	59	1,674	.38 28.38	.004	33.49	.10
INPATIENT VISITS	128	488	39,614	.88 81.18	.030	309.49	2.46
HOSPITAL VISITS	115	254	11,727	.79 46.17	.016	101.98	.73
CRITICAL CARE	21	234	27 , 887	.09 119.18	.015	1327.96	1.73
SNF/ICF/TRANS IP CARE	0	0		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	3	130	.23 43.41	.000	65.12	.01
EXAMINATIONS	2	3	130	.23 43.41	.000	65.12	.01
SERVICES AND MATERIALS	0	0		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	153	1,510	67 , 293	.32 44.57	.094	439.83	4.18
PRINCIPAL SURGEON	90	104	51,109	.90 491.44	.006	567.89	3.17
ASSISTANT SURGEON	23	23	3,748	.53 162.98	.001	162.98	.23
ANESTHESIOLOGIST	67	1,383	12,434	.89 8.99	.086	185.60	.77
OUTPATIENT SURGERY	264	830	56,448	.01 68.01	.051	213.82	3.50
PRINCIPAL SURGEON	211	278	44,101	.80 158.64	.017	209.01	2.74
ASSISTANT SURGEON	1	1	146	.22 146.22	.000	146.22	.01
ANESTHESIOLOGIST	90	551	12,199	.99 22.14	.034	135.56	.76
DIALYSIS	0	0		.00	.000	.00	.00
PATHOLOGY	223	342	7,888	.04 23.06	.021	35.37	.49
RADIOLOGY	676	1,038	26,881	.68 25.90	.064	39.77	1.67
PSYCHIATRY	0	0		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	64	141	5,380	.30 38.16	.009	84.07	.33
OTHER SERVICES/ALL X-OVERS	528	1,793	40,502	.57 22.59	.111	76.71	2.51
@PHARMACY	5,211	17,166 \$	895,383	.18 \$ 52.16	1.065	\$ 171.83	\$ 55.56
PRESCRIPTION DRUGS	5,180	14,677	882,182	.79 60.11	.911	170.31	54.74

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	53	313		30,349.16		96.96	.019		572.63		1.88
OUTPATIENTS	5,129	14,364		851,833.63		59.30	.891		166.08		52.85
MEDICAL SUPPLIES	154	2,489		13,200.39		5.30	.154		85.72		.82
@DENTIST	721	3,424	\$	159,518.43	\$	46.59	.212	\$	221.25	\$	9.90
VISITS - DIAGNOSTIC	455	1,877		29,085.20		15.50	.116		63.92		1.80
ORAL SURGERY	97	282		17,102.60		60.65	.017		176.32		1.06
DRUGS	9	11		130.00		11.82	.001		14.44		.01
ANESTHESIA	8	8		800.00		100.00	.000		100.00		.05
PERIODONTICS	26	27		4,155.00		153.89	.002		159.81		.26
ENDODONTICS	73	131		20,753.00		158.42	.008		284.29		1.29
RESTORATIVE DENTISTRY	269	908		65,709.50		72.37	.056		244.27		4.08
PROSTHETICS	2	2		60.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	42	127		16,047.00		126.35	.008		382.07		1.00
SPACE MAINTAINERS	4	6		684.00		114.00	.000		171.00		.04
MAXILLOFACIAL SERVICES	5	6		482.13		80.36	.000		96.43		.03
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	23	35		4,435.00		126.71	.002		192.83		.28
ALL OTHER SERVICES	3	4		75.00		18.75	.000		25.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	RES I	MONTH-OF-PAYMENT R	EPOR'	r for jan 2	2002 THRU	DEC	2002	F	PAGE 718
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 28 MED	ICAL:	LY NEEDY - NO SOC							
							Mo	TNC	HLY AVERA	.GE	
16,117 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES		ERAGE COST	UNITS/DAY:	S (COST PER		COST PER
		OR DAYS OF CAR	Œ		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	267	641	\$	16,135.15	\$	25.17	.040	\$	60.43	\$	1.00
DIAGNOSTIC AND ANC. PROCED	176	176		7,537.02		42.82	.011		42.82		.47
EYE APPLIANCES	156	424		7,600.98		17.93	.026		48.72		.47
OTHER OPTOMETRIC SERVICES	37	41		997.15		24.32	.003		26.95		.06
@CHIROPRACTOR	20	32	\$	497.42	\$	15.54	.002	\$	24.87	\$.03
VISITS	20	32		497.42		15.54	.002		24.87		.03
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	43	58	\$	1,138.32	\$	19.63	.004	\$	26.47	\$.07

SURGEN/AMES. 6 111 250.10 22.74 .001 41.68 .02 DARDON-AMES. 6 2 2 2 2 14.60 17.30 .000 17.30 .00 OTHER PARTHOLOFY 22 2 2 2 117.20 6.33 .002 8.66 .01 OTHER PARTHOLOFY 22 2 2 2 117.20 6.33 .002 8.66 .01 OTHER PARTHOLOFY 22 2 2 2 117.20 6.33 .002 8.66 .01 OTHER PARTHOLOFY 22 2 2 2 117.20 6.33 .002 8.66 .01 OTHER PARTHOLOFY 3 1 1 2 2 117.20 6.33 .002 8.66 .01 OTHER PARTHOLOFY 3 1 1 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	MEDICINE/INJECTIONS	16	17	676.40	39.79	.001	42.28	.04
MOMERIAND 16	SURGERY/ANES.	6	11	250.10	22.74	.001	41.68	.02
NUMBER MERITH AGENCY	RADIO./PATHOLOGY		2	34.60	17.30	.000	17.30	.00
NURSE AMERITES 4 32 5 107.57 5 3.36 .002 26.99 5 .01	OTHER	22	28	177.22	6.33	.002	8.06	.01
NUMBER MIDHIEF	@HOME HEALTH AGENCY	16	935 \$	28,897.38	\$ 30.91	.058 \$		\$ 1.79
PRIDITATIFIC NURSE PRACTITIONER	NURSE ANESTHESIST	4	32 \$	107.57	\$ 3.36	.002 \$		
## TOTAL HOSPITAL ## HOSP IMPATIENT TOTAL ## TOTAL ## TOTAL ## TOTAL ## HOSP IMPATIENT TOTAL ## TOTAL	NURSE MIDWIFE	-	18 \$	596.75	\$ 33.15	.001 \$		\$.04
## HORS INDRATENT TOTAL 139 10,230 5 1,096,587.59 5 107.19 .035 5 447.59 5 69.04 HORS PROMETENT TOTAL 139 725 806,139.89 1111,39 .015 5799.57 55.02 HSC HOSPITALS 37 337 340,667.22 1219.19 .021 11104.52 25.49 NON-HSC HOSPITAL TOTAL 811 399 190,715.00 1232.09 .019 4700.19 23.62 23.62 ACCOMMODATIONS 79 309 125,577.29 406.40 .019 1589.59 7.79 ACMINISTRATIVE DAYS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSE INDETITAL TOTAL 139 725 886,139.89 1111.92 0.45 5799.57 50.02 HISC HOSEPITAL TOTAL 81 309 380,715.00 1222.09 0.01 1104.52 25.49 NON-HISC HOSEPITAL TOTAL 81 309 380,715.00 1222.09 0.01 3700.19 23.62 ACCOMMODATIONS 79 309 125,577.29 406.40 0.19 1589.59 7.79 ADMINISTRATIVE DAYS 81 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	FAMILY NURSE PRACTITIONER	1		75.17	\$ 75.17	.000 \$	75.17	\$.00
HISCHOSPITALS NON-HISCHOSPITAL TOTAL 181 309 300,715.07.29 1019 4700.19 1232.09 23.62 ACCOMMODATIONS 79 309 125,577.29 406.40 .019 1589.59 7.79 ADMINISTRATIVE DAYS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	@TOTAL HOSPITAL	2,450	10,230 \$	1,096,587.59	\$ 107.19	.635 \$	447.59	\$ 68.04
NON-HSC HOSPITAL TOTAL	HOSP INPATIENT TOTAL	139	725	806,139.89	1111.92	.045	5799.57	50.02
ACCOMMODATIONS 79 309 125,577.29 406.40 .019 1595,59 7.79 ANDISTRATIVE DAYS 0 0 0 .00 .000 .000 .000 .000 TRANSITIONAL IF CARE 0 0 0 .00 .000 .000 .000 .000 .000 ALL OTHER ACCOM 79 309 125,577.29 406.40 .019 1595,59 7.79 ANCILLARIES 81 0 255,137.71 .00 .000 3149.85 15.83 INPATIENT CROSSOVERS 22 79 14,557.67 184.27 .005 661.71 .90 ALL OTHER HYBATIENT 0 0 0 .00 .00 .000 .000 .000 .000 .00	HSC HOSPITALS	37	337	410,867.22	1219.19	.021	11104.52	25.49
ADMINISTRATIVE DAYS	NON-HSC HOSPITAL TOTAL							
TRANSITIONAL IP CARE 0 0 0 0.00 0.00 0.00 0.00 0.00 ALC OTHER ACCOM 79 3309 125,577.29 40.60 0.19 1389,59 7.79 ANCILLARIES 81 0 255,137.71 0.00 0.00 3149,85 15.83 INPATIENT CROSSOVERS 22 79 141,557.67 184.77 0.05 66.71 0.90 ALL OTHER INPATIENT 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0	ACCOMMODATIONS	79	309	125 , 577.29	406.40	.019	1589.59	7.79
ALL OTHER ACCOM 79 309 125,577.29 406.40 .019 1589.59 7.79 ANCILLARIES 81 0 255,137.71 .00 .000 1349.55 15.83 INBATIENT CROSSOVERS 22 79 14,557.67 184.27 .005 661.71 .90 ALL OTHER INPATIENT 0 0 0 .00 .000 .000 .000 .000 BOSP OUTPATIENT TOTAL 2,366 9,505 290,447.70 30.56 .590 122.76 18.02 MEDICAL 1,162 1,502 74,406.24 49.54 .93 64.03 4.62 SUBGERY 110 112 7,457.96 66.59 .007 67.80 4.62 SUBGERY 110 112 7,457.96 66.59 .007 67.80 4.62 FARHOLOGY 943 3,703 45,145.56 12.19 .230 47.87 22.80 RADIOLOGY 630 891 61,042.08 68.51 .055 96.89 3.79 ROM USE ALL OTH OUTPINT 664 1,481 24,902.36 16.81 .092 37.50 61.55 CROSSOVERS/ALL OTH OUTPINT 664 1,481 24,902.36 16.81 .092 37.50 61.55 COUNTY HOSPITAL TOTAL 14 37 \$ 1,229.28 \$ 33.22 .002 \$ 87.81 \$.08 CCHOSPITAL INPATIENT TOTAL 0 0 0 .00 .000 .000 .000 .000 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .000 .000 .000 .000 ACCOMBOLITATIVE DAYS 0 0 0 .00 .000 .000 .000 .000 ACCOMBOLITATIVE DAYS 0 0 0 .00 .000 .000 .000 .000 ACCOMBOLITORIS TOTAL 0 0 0 .00 .000 .000 .000 .000 ACCOMBOLITORIS TOTAL 0 0 0 .00 .000 .000 .000 .000 ACCOMBOLITORIS TOTAL 0 0 0 .00 .000 .000 .000 .000 ACCOMBOLITORIS TOTAL 0 0 0 .00 .000 .000 .000 .000 ACCOMBOLITORIS TOTAL 0 0 0 .00 .000 .000 .000 .000 ACCOMBOLITORIS TOTAL 0 0 0 .00 .000 .000 .000 .000 ACCOMBOLITORIS TOTAL 0 0 0 .00 .000 .000 .000 .000 ACCOMBOLITORIS TOTAL 0 0 0 .00 .000 .000 .000 .000 ACCOMBOLITORIS TOTAL 0 0 0 .00 .000 .000 .000 .000 .000 ACCOMBOLITORIS TOTAL 0 0 0 .00 .000 .000 .000 .000 .000 ACCOMBOLITORIS TOTAL 0 0 0 .00 .000 .000 .000 .000 .000 ACCOMBOLITORIS TOTAL 0 0 0 .00 .000 .000 .000 .000 .000 .0	ADMINISTRATIVE DAYS			.00	.00	.000	.00	.00
ANCILIARIES 81 0 255,137.71 .00 .00 3149.85 15.83 INPATIENT CROSSOVERS 22 79 14.557.67 184.27 .005 661.71 .90 .00 .00 .00 .00 .00 .00 .00 .00 .00	TRANSITIONAL IP CARE	•	0			.000		
TIMPATTENT CROSSOVERS 22 79	ALL OTHER ACCOM		309			.019		
ALL OTHER INPATIENT	ANCILLARIES							
HOSP OUTPATIENT TOTAL	INPATIENT CROSSOVERS	22	79	14 , 557.67		.005	661.71	
MEDICAL 1,162 1,502 74,406.24 49.54 .093 64.03 4.62 SURGERY 110 1112 77,457.96 66.59 .007 67.80 .46 PATHOLOGY 943 3,703 45,145.56 12.19 .230 47.87 2.80 RADIOLOGY 630 891 61,042.08 66.59 .007 67.80 .48 RADIOLOGY 630 891 61,042.08 66.51 .055 96.89 3.79 ROOM USE 1,358 1,816 77,493.50 42.67 .113 57.06 4.81 COROSSOVERS/ALL OTH OUTPTNT 664 1,481 24.902.36 16.81 .092 37.50 1.55 @COUNTY HOSPITAL TOTAL 14 37 \$ 1,229.28 \$ 33.22 .002 \$ 87.81 \$.08 CO HOSPITAL IMPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 AMCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 AMCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 AMCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 AMCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 CO HOSP OUTPATIENT TOTAL 14 37 1,229.28 33.22 .002 87.81 .08 MEDICAL 4 5 329.42 65.88 .000 82.36 .02 SURGERY 2 2 3 30.33 15.17 .000 15.17 .00 ROOM USE 4 4 5 329.45 65.88 .000 82.36 .02 SURGERY 2 2 2 30.33 15.17 .000 82.39 .02 ROOM USE 4 5 5 88 .000 82.36 .02 ROOM USE 4 5 5 88 .000 82.36 .02 ROOM USE 5 6 8 .000 82.36 .02 ROOM USE 6 8 8 .206.85 25.86 .000 82.36 .02 ROOM USE 7 6 8 8 .206.85 25.86 .000 82.36 .02 ROOM USE 7 6 8 8 .206.85 25.86 .000 82.36 .02 ROOM USE 7 6 8 8 .206.85 25.86 .000 82.39 .02 ROOM USE 7 6 8 8 .206.85 25.86 .000 82.39 .02 ROOM USE 7 6 8 8 .206.85 25.86 .000 82.36 .02 ROOM USE 7 6 8 8 .206.85 25.86 .000 82.36 .02 ROOM USE 7 6 8 8 .206.85 25.86 .000 82.36 .02 ROOM USE 7 6 8 8 .206.85 25.86 .000 82.36 .02 ROOM USE 7 6 8 8 .206.85 25.86 .000 82.36 .02 ROOM USE 7 6 8 8 .206.85 25.86 .000 82.36 .02 ROOM USE 7 6 8 8 .206.85 25.86 .000 82.36 .02 ROOM USE 8 .206.85 25.86 .000 82.36 .02 ROOM USE 8 .206.85 25.86 .000 82.39 .02 ROOM USE 8 .206.85 25.86 .000 82.30 .02 ROOM USE 8 .206		0				.000		.00
SURCERY PATHOLOGY PATHOLOG								
PATHOLOGY	MEDICAL	1,162	1,502					
RADIOLOGY 630 891 61,042.08 68.51 .055 96.89 3.79 ROOM USE 1,358 1,816 77,493.50 42.67 1133 57.06 4.81 CROSSOVERS/ALL OTH OUTPTNT 664 1,481 24,902.36 16.81 .092 37.50 1.55 RCOUNTY HOSPITAL TOTAL 14 37 \$ 1,229.28 \$ 33.22 .002 \$ 87.81 \$.08 CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	SURGERY							
ROOM USE	PATHOLOGY		3,703	45,145.56		.230	47.87	
CROSSOVERS/ALL OTH OUTPINT	RADIOLOGY							
COUNTY HOSPITAL TOTAL 14 37 \$ 1,229.28 \$ 33.22 .002 \$ 87.81 \$.08	ROOM USE	1,358	·	•				4.81
CO HOSPITALS NORTHEIN TOTAL 0	CROSSOVERS/ALL OTH OUTPINT	664	1,481	24,902.36	16.81	.092		
HSC HOSPITALS	@COUNTY HOSPITAL TOTAL		•		\$ 33.22	.002 \$		\$.08
NON-HSC HOSPITALS TOTAL		•						
ACCOMMODATIONS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HSC HOSPITALS	-						.00
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITALS TOTAL	•						.00
TRANSITIONAL IP CARE 0 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .		•	0		.00	.000		
ALL OTHER ACCOM 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00			0					
ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		•	0					
INPATIENT CROSSOVERS		0	0					
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0					
CO HOSP OUTPATIENT TOTAL 14 37 1,229.28 33.22 .002 87.81 .08		•						
MEDICAL 4 5 329.42 65.88 .000 82.36 .02 SURGERY 2 2 2 30.33 15.17 .000 15.17 .00 PATHOLOGY 5 16 247.03 15.44 .001 49.41 .02 RADIOLOGY 6 8 206.85 25.86 .000 34.48 .01 ROOM USE 6 8 206.85 25.86 .000 34.48 .01 ROOM USE 7 5 329.55 65.91 .000 82.39 .02 CROSSOVERS/ALL OTH OUTPINT 1 1 1 86.10 86.10 .000 82.39 .02 CROSSOVERS/ALL OTH OUTPINT 1 1 1 86.10 86.10 .000 86.10 .01 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 719 MOPO24 FEE-FOR-SERVICE/DENTAL 01/17/03 AMADOR COUNTY SUMMARY OF SERVICE FOR 28 MEDICALLY NEEDY - NO SOC MONTHLY AVERAGE 16,117 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER COMMUNITY HOSPITAL TOTAL 2,441 10,193 \$ 1,095,358.31 \$ 107.46 .632 \$ 448.73 \$ 67.96 COMM HOSP INPATIENT TOTAL 139 725 806,139.89 1111.92 .045 5799.57 50.02 HSC HOSPITALS TOTAL 81 309 380,715.00 1232.09 .019 4700.19 23.62								
SURGERY 2 2 30.33 15.17 .000 15.17 .000 PATHOLOGY 5 16 247.03 15.44 .001 49.41 .02 RADIOLOGY 6 8 206.85 25.86 .000 34.48 .01 ROOM USE 4 5 329.55 65.91 .000 82.39 .02 CROSSOVERS/ALL OTH OUTPINT 1 1 1 86.10 86.10 .000 86.10 .01 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 719 MOP024 SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC 16,117 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE 9COMMUNITY HOSPITAL TOTAL 2,441 10,193 \$ 1,095,358.31 \$ 107.46 .632 \$ 448.73 \$ 67.96 COMM HOSP INPATIENT TOTAL 139 725 806,139.89 1111.92 .045 5799.57 50.02 HSC HOSPITALS TOTAL 81 309 380,715.00 1232.09 .019 4700.19 23.62								
PATHOLOGY 5 16 247.03 15.44 .001 49.41 .02 RADIOLOGY 6 8 206.85 25.86 .000 34.48 .01 ROOM USE 4 5 329.55 65.91 .000 82.39 .02 CROSSOVERS/ALL OTH OUTPINT 1 1 86.10 86.10 .000 86.10 .01 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 719 MOP024 FEE-FOR-SERVICE/DENTAL		4						
RADIOLOGY 6 8 206.85 25.86 .000 34.48 .01 ROOM USE 4 5 329.55 65.91 .000 82.39 .02 CROSSOVERS/ALL OTH OUTPINT 1 1 86.10 86.10 .000 86.10 .01 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 719 MOP024 SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC MONTHLY AVERAGE 16,117 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 2,441 10,193 \$ 1,095,358.31 \$ 107.46 .632 \$ 448.73 \$ 67.96 COMM HOSP INPATIENT TOTAL 139 725 806,139.89 1111.92 .045 5799.57 50.02 HSC HOSPITALS 37 337 410,867.22 1219.19 .021 11104.52 25.49 NON-HSC HOSPITALS TOTAL 81 309 380,715.00 1232.09 .019 4700.19 23.62		2						
ROOM USE		5						
CROSSOVERS/ALL OTH OUTPTNT 1		6						
#CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 719 01/17/03 SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC MONTHLY AVERAGE		-						
MOPO24 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC MONTHLY AVERAGE 16,117 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE OR DAYS OF CARE (COMMUNITY HOSPITAL TOTAL 2,441 10,193 \$ 1,095,358.31 \$ 107.46 .632 \$ 448.73 \$ 67.96 COMM HOSP INPATIENT TOTAL 139 725 806,139.89 1111.92 .045 5799.57 50.02 HSC HOSPITALS 37 337 410,867.22 1219.19 .021 11104.52 25.49 NON-HSC HOSPITALS TOTAL 81 309 380,715.00 1232.09 .019 4700.19 23.62								
AMADOR COUNTY SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC MONTHLY AVERAGE 16,117 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS 37 337 337 410,867.22 380,715.00 1232.09 1019 4700.19 23.62			,	NTH-OF-PAYMENT RI	EPORT FOR JAN 2	2002 THRU DE	C 2002	
COMMUNITY HOSPITAL TOTAL 139 725 806,139.89 1111.92 .045 5799.57 50.02 HSC HOSPITALS TOTAL 81 309 380,715.00 1232.09 .019 4700.19 23.62								01/17/03
16,117 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG COST PER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 2,441 10,193 1,095,358.31 107.46 .632 448.73 67.96 COMM HOSP INPATIENT TOTAL 139 725 806,139.89 1111.92 .045 5799.57 50.02 HSC HOSPITALS 37 337 410,867.22 1219.19 .021 11104.52 25.49 NON-HSC HOSPITALS TOTAL 81 309 380,715.00 1232.09 .019 4700.19 23.62	AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 28 MEDICALLY	NEEDY - NO SOC				
OR DAYS OF CARE @COMMUNITY HOSPITAL TOTAL 2,441 10,193 \$ 1,095,358.31 \$ 107.46 .632 \$ 448.73 \$ 67.96 COMM HOSP INPATIENT TOTAL 139 725 806,139.89 1111.92 .045 5799.57 50.02 HSC HOSPITALS 37 337 410,867.22 1219.19 .021 11104.52 25.49 NON-HSC HOSPITALS TOTAL 81 309 380,715.00 1232.09 .019 4700.19 23.62	16 115							
@COMMUNITY HOSPITAL TOTAL 2,441 10,193 \$ 1,095,358.31 \$ 107.46 .632 \$ 448.73 \$ 67.96 COMM HOSP INPATIENT TOTAL 139 725 806,139.89 1111.92 .045 5799.57 50.02 HSC HOSPITALS 37 337 410,867.22 1219.19 .021 11104.52 25.49 NON-HSC HOSPITALS TOTAL 81 309 380,715.00 1232.09 .019 4700.19 23.62	16,117 ELIGIBLES	USERS		EXPENDITURES				
COMM HOSP INPATIENT TOTAL 139 725 806,139.89 1111.92 .045 5799.57 50.02 HSC HOSPITALS 37 337 410,867.22 1219.19 .021 11104.52 25.49 NON-HSC HOSPITALS TOTAL 81 309 380,715.00 1232.09 .019 4700.19 23.62	0.0000000000000000000000000000000000000	0 441		1 005 250 21				
HSC HOSPITALS 37 337 410,867.22 1219.19 .021 11104.52 25.49 NON-HSC HOSPITALS TOTAL 81 309 380,715.00 1232.09 .019 4700.19 23.62								•
NON-HSC HOSPITALS TOTAL 81 309 380,715.00 1232.09 .019 4700.19 23.62								
, ,				•				
ACCOMMODATIONS /9 309 125,5/1.29 406.40 .019 1589.59 /./9								
	ACCOMMODATIONS	19	309	123,311.29	406.40	.019	1309.39	1.19

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	79	309		125,577.29		406.40	.019		1589.59		7.79
ANCILLARIES	81	0		255,137.71		.00	.000		3149.85		15.83
INPATIENT CROSSOVERS	22	79		14,557.67		184.27	.005		661.71		.90
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2,357	9,468		289,218.42		30.55	.587		122.71		17.94
MEDICAL	1,158	1,497		74,076.82		49.48	.093		63.97		4.60
SURGERY	108	110		7,427.63		67.52	.007		68.77		.46
PATHOLOGY	938	3,687		44,898.53		12.18	.229		47.87		2.79
RADIOLOGY	626	883		60,835.23		68.90	.055		97.18		3.77
ROOM USE	1 , 356	1,811		77 , 163.95		42.61	.112		56.91		4.79
CROSSOVERS/ALL OTH OUTPTNT		1,480		24,816.26		16.77	.092		37.43		1.54
@STATE HOSPITAL	0	0	\$.00		.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	39	965	\$	123,041.08		127.50	.060	\$	3154.90	\$	7.63
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	39	965		123,041.08		127.50	.060		3154.90		7.63
@INTERMEDIATE CARE FACILDD	0	0	\$.00		.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00		.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	4	27	\$	632.08		23.41	.002	\$	158.02	\$.04
HOSPITAL BASED	4	27		632.08		23.41	.002		158.02		.04
INDEPENDENT FACILITY	0	0	<u> </u>	.00		.00	.000	<u> </u>	.00	<u>^</u>	.00
@LABORATORY FACILITY	382 368	901 882	\$	16,707.89		18.54	.056	\$	43.74 44.50	\$	1.04 1.02
PATHOLOGY				16,375.14 332.75		18.57 17.51	.055		23.77		.02
XO AND OTHERS	14	19	\$.001	ċ		ċ	18.85
@ORGANIZED OUTPATIENT CLINIC	1,745 35	2,633 148	Ą	303,874.07		115.41 30.54	.163	Ş	174.14 129.14	\$.28
CLINIC SURGICENTER	16	148		4,519.83 3,734.59		34.58	.009		233.41		.23
HEROIN DETOX CLINIC	0	0		.00		.00	.007		.00		.00
RURAL HEALTH CLINIC	1,698	2,377		295,619.65		124.37	.147		174.10		18.34
#CALIF DEPT OF HEALTH SERV			DEC 1	MONTH-OF-PAYMENT				DEC		т	PAGE 720
MOP024	FEE-FOR-SERVICE		VEO I	MONTH-OF-FAIMENT	KEFUK	I FOR JAN A	2002 IHKU	DEC	2002	Г	01/17/03
AMADOR COUNTY			TCZT.	LY NEEDY - NO SOC							01/1//03
ANADOR COUNTI	DOMINANT OF DERV	TCES FOR ZO MED.	т САП.	HI NEEDI NO SOC			M	TONT	HIY AVERA	GE	
16,117 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	ΑV	ERAGE COST			COST PER		COST PER
10,117 221013220	002110	OR DAYS OF CAR		2111 2112 1 0 1 12 2		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,096	16,245	\$	97,586.73		6.01	1.008		89.04	\$	6.05
DURABLE MED. EQUIP.	31	115	·	5,020.56		43.66	.007	·	161.95	·	.31
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	2	3		1,150.13		383.38	.000		575.07		.07
MEDICAL TRANSPORTATION	126	2,370		28,633.58		12.08	.147		227.25		1.78
AMBULANCES/AIR TRANS	81	1,378		20,970.03		15.22	.085		258.89		1.30
OTHER TRANS	3	28		106.63		3.81	.002		35.54		.01
OTHER SERVICES	45	964		7,556.92		7.84	.060		167.93		.47
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00		00 .	000	.00	.00
GENETIC DISEASE TESTING	41	41	3,075.00	75.	00 .	003	75.00	.19
IHMC, MODEL-NF, NF, AIDS, MSSP	20	78	5,954.42	76.	34 .	005	297.72	.37
OCCUPATIONAL THERAPIST	0	0	.00		00 .	000	.00	.00
OPTICIAN	160	346	3,394.35	9.	81 .	021	21.21	.21
PHYSICAL THERAPIST	0	0	.00		00 .	000	.00	.00
PORTABLE X-RAY	0	0	.00		00 .	000	.00	.00
PROSTHETIST/ORTHOTISTS	18	41	9,139.94	222.	93 .	003	507.77	.57
PROSTHETICS	10	32	8,563.94	267.	62 .	002	856.39	.53
ORTHOTICS	9	9	576.00	64.	00 .	001	64.00	.04
PSYCHOLOGIST	4	5	30.40	6.	08 .	000	7.60	.00
SPEECH AND AUDIOLOGY	6	26	1,574.04	60.	54 .	002	262.34	.10
HOSPICE SERVICES	3	61	6,508.80	106.	70 .	004	2169.60	.40
NONINST BIRTHING CENTERS	0	0	.00		00 .	000	.00	.00
LOCAL EDUCATION AGENCIES	576	2,900	24,540.76	8.	46 .	180	42.61	1.52
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		00 .	000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		00 .	000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		00 .	000	.00	.00
ALL OTHER PROVIDERS	131	10,259	8,564.75		83 .	637	65.38	.53
@CALIF. CHILDREN SERVICES*	64	502	\$ 285,969.88	\$ 569.	66 .	031	\$ 4468.28	\$ 17.74
@XOVER EXCLUDING STATE HOSP**	455	4,494	\$ 56,126.10	\$ 12.	49 .	279	\$ 123.35	\$ 3.48

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 721
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
AMADOR COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

----- MONTHLY AVERAGE -----58 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 645 Ś 52,073.36 \$ 80.73 11.121 \$ 733.43 \$ 897.82 71 9 10.75 .776 \$ 53.73 \$ @PHYSICIANS SERVICES 45 483.53 Ś 8.34 .000 OUTPATIENT VISITS 0 0 .00 .00 .00 .00 .00 .00 OFFICE VISITS .00 .000 .00 HOME VISITS .00 .00 .000 .00 .00 .00 .00 .00 .00 .000 EMERGENCY ROOM PREVENTIVE CARE .00 .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 . 00 .00 .00 .00 .000 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 PRINCIPAL SURGEON .00 .000 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	9	45		483.53		10.75	.776		53.73		8.34
@PHARMACY	39	160	\$	6,769.69	\$	42.31	2.759	\$	173.58	\$	116.72
PRESCRIPTION DRUGS	39	160		6,769.69		42.31	2.759		173.58		116.72
SNF/ICF	10	56		3,452.42		61.65	.966		345.24		59.52
OUTPATIENTS	29	104		3,317.27		31.90	1.793		114.39		57.19
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	3	25	\$	2,809.00	\$	112.36	.431	\$	936.33	\$	48.43
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	2	14		955.00		68.21	.241		477.50		16.47
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	4		174.00		43.50	.069		174.00		3.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	3	7		1,680.00		240.00	.121		560.00		28.97
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF	F-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PP	AGE 722
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ									01/17/03

AID CODE

SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

AMADOR COUNTY

							MO	ГИC	THLY AVERA	GE.	
58 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE	1		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2	0	\$	96.76	\$.00	.000	\$	48.38	\$	1.67
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	2	0		96.76		.00	.000		48.38		1.67
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	2	4	\$	21.12	\$	5.28	.069	\$	10.56	\$.36
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	2	4		21.12		5.28	.069		10.56		.36
@HOME HEALTH AGENCY	0	0	\$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	13	\$	1,656.31	\$	127.41		\$	552.10	\$	28.56
HOSP INPATIENT TOTAL	2	12		1,624.00		135.33	.207		812.00		28.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	2	12		1,624.00	135.33	.207	812.00		28.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	1	1		32.31	32.31	.017	32.31		.56
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	1	1		32.31	32.31	.017	32.31		.56
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES MONTH-	-OF-PAYMENT REF	PORT FOR JAN	2002 THRU I	DEC 2002	PAGE	
MOP024	FEE-FOR-SERVICE/DENTAL							C	1/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	29 MN	- SOC - AG	GED	AID C				
						MO	ONTHLY AVERA	jĽ	

58 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	13	\$	1,656.31	\$	127.41	.224		552.10		28.56
COMM HOSP INPATIENT TOTAL	2	12	·	1,624.00		135.33	.207		812.00		28.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	12		1,624.00		135.33	.207		812.00		28.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1	1		32.31		32.31	.017		32.31		.56
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		32.31		32.31	.017		32.31		.56
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	14	344	\$	37,131.10	\$	107.94	5.931	\$	2652.22	\$	640.19
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	14	344		37,131.10		107.94	5.931		2652.22		640.19
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	_	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	•		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	\$.00	Ċ	.00	.000	ċ	.00	ċ	.00
@REHABILITATION FACILITY	0	0	Ą	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY @LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	Ą	.00	۲	.00	.000	۲	.00	Ą	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	8	19	\$	2,618.24	\$	137.80	.328	\$	327.28	\$	45.14
CLINIC	0	0	Y	.00	Υ	.00	.000	۲	.00	7	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	8	19		2.618 24		137 80	328		327 28		45.14
#CALIF DEPT OF HEALTH SERV											
	FEE-FOR-SERVICE						1002 111110		2002	-	01/17/03
AMADOR COUNTY			SOC	- AGED		AID CO	ODE				-, ,
							M	ONT	HLY AVERA	GE	
58 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST					
		OR DAYS OF CARE				R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	9	35		487.61					54.18	\$	8.41
DURABLE MED. EQUIP.	0	0		.00		.00			.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	29		312.14	10.76	.500	62.43	5.38
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	5	29		312.14	10.76	.500	62.43	5.38
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	6		175.47	29.25	.103	43.87	3.03
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	24	84	\$	3,985.50	\$ 47.45	1.448	\$ 166.06	\$ 68.72
O+ MOMATO TAL MURCH TIMES AND STUR		TATEODAYA ET CAT	T T T T T T T T T T T T T T T T T T T	T 11				

^{0*} Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 725 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 AMADOR COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

							1	MONTHLY AVER	AGE	
02 ELIGIBLES	USERS	UNITS OF	SERVICE	Ξ.	EXPENDITURES	AVERAGE C	OST UNITS/DAY	YS COST PER		COST PER
		OR DAYS	OF CARE	C		PER UNIT/	DAY PER ELIC	G USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3		53	\$	1,009.21	\$ 19.0	4 26.500	\$ 336.40	\$	504.61
@PHYSICIANS SERVICES	2		12	\$	335.30	\$ 27.9	4 6.000	\$ 167.65	\$	167.65
OUTPATIENT VISITS	0		0		.00	.0	.000	.00		.00
OFFICE VISITS	0		0		.00	.0	.000	.00		.00
HOME VISITS	0		0		.00	.0	.000	.00		.00
EMERGENCY ROOM	0		0		.00	.0	.000	.00		.00
PREVENTIVE CARE	0		0		.00	.0	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00	.0	.000	.00		.00
OTHER OUTPATIENT	0		0		.00	.0	.000	.00		.00
INPATIENT VISITS	1		9		278.40	30.9	3 4.500	278.40		139.20
HOSPITAL VISITS	1		9		278.40	30.9	3 4.500	278.40		139.20
CRITICAL CARE	0		0		.00	.0	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00	.0	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.0	.000	.00		.00
EXAMINATIONS	0		0		.00	.0	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00	.0	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.0	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.0	.000	.00		.00
ASSISTANT SURGEON	0		0		.00	.0	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.0	.000	.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	1		1		8.48		8.48	.500		8.48		4.24
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		2		48.42		24.21	1.000		24.21		24.21
@PHARMACY	2		23	\$	287.08	\$	12.48	11.500	\$	95.69	ċ	143.54
	3			ې		Ą			Ą		Ą	
PRESCRIPTION DRUGS	2		3		86.68		28.89	1.500		43.34		43.34
SNF/ICF	U		0		.00		.00	.000		.00		.00
OUTPATIENTS	2		3		86.68		28.89	1.500		43.34		43.34
MEDICAL SUPPLIES	2		20		200.40		10.02	10.000		100.20		100.20
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	Ş	.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00		.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		Ô		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		Ô		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
INCIONED, DIDECTIFIONS	O		0		• 0 0		• 0 0	.000		.00		.00
ODTHODONTIC SEDVICES	0		Λ		0.0		$\cap \cap$	$\cap \cap \cap$		\cap		$\cap \cap$
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0 0 MEDI_CAL_SEBVICES	, VND EAL	0 0	DEC MO	.00	7 D (D (T	.00	.000	DEC	.00	D:	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 0 MEDI-CAL SERVICES		0	RES MO	.00	EPORT	.00	.000	DEC	.00	Pž	.00 AGE 726
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE/I	ENTAL	PENDITU		.00 NTH-OF-PAYMENT RE	EPORT	.00 FOR JAN 2	.000 2002 THRU	DEC	.00	Pi	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV		ENTAL	PENDITU		.00 NTH-OF-PAYMENT RE	EPORT	.00	.000 2002 THRU		2002		.00 AGE 726 01/17/03
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY	FEE-FOR-SERVICE/I SUMMARY OF SERVICE	DENTAL CES FOR	PENDITU	- SOC	.00 NTH-OF-PAYMENT RI - BLIND		.00 FOR JAN 2	.000 2002 THRU DDE	IONT	.00 2002 HLY AVERA	GE ·	.00 AGE 726 01/17/03
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE/I SUMMARY OF SERVICE	DENTAL CES FOR UNITS OF	PENDITUI 30 MN	- SOC E	.00 NTH-OF-PAYMENT RE	AVE	.00 FOR JAN 2 AID CO RAGE COST	.000 2002 THRU DDE M UNITS/DAY	IONT S	.00 2002 HLY AVERA COST PER	GE ·	.00 AGE 726 01/17/03 COST PER
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 02 ELIGIBLES	FEE-FOR-SERVICE/I SUMMARY OF SERVIC USERS	DENTAL CES FOR	PENDITUI 30 MN · SERVICI OF CAR	- SOC E E	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES	AVE PER	.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY	.000 2002 THRU DDE M UNITS/DAY PER ELIG	IONT S	.00 2002 HLY AVERA COST PER USER	GE ·	.00 AGE 726 01/17/03 COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 02 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE/I SUMMARY OF SERVIC USERS U	DENTAL CES FOR UNITS OF	PENDITUI 30 MN SERVICI OF CARI	- SOC E	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00	AVE	.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000	IONT S	.00 2002 HLY AVERA COST PER USER .00	GE ·	.00 AGE 726 01/17/03 COST PER ELIGIBLE .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE/I SUMMARY OF SERVIC USERS U 0 0	DENTAL CES FOR UNITS OF	PENDITUI 30 MN · SERVICI OF CARI 0 0	- SOC E E	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00	AVE PER	.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000	IONT S	.00 2002 HLY AVERA COST PER USER .00 .00	GE ·	.00 AGE 726 01/17/03 COST PER ELIGIBLE .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE/I SUMMARY OF SERVIC USERS U	DENTAL CES FOR UNITS OF	SERVICE OF CARE 0 0 0	- SOC E E	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00	AVE PER	.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000	IONT S	.00 2002 HLY AVERA COST PER USER .00 .00	GE ·	.00 AGE 726 01/17/03 COST PER ELIGIBLE .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE/I SUMMARY OF SERVIC USERS U 0 0	DENTAL CES FOR UNITS OF	PENDITUI 30 MN SERVICI OF CARI 0 0 0 0	- SOC E E \$.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000	IONT S \$.00 2002 HLY AVERA COST PER USER .00 .00 .00	GE - () \$.00 AGE 726 01/17/03 COST PER ELIGIBLE .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE/I SUMMARY OF SERVIC USERS U 0 0	DENTAL CES FOR UNITS OF	SERVICE OF CARE 0 0 0	- SOC E E	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00	AVE PER	.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000	IONT S	.00 2002 HLY AVERA COST PER USER .00 .00 .00	GE - () \$.00 AGE 726 01/17/03 COST PER ELIGIBLE .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 02 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS	FEE-FOR-SERVICE/I SUMMARY OF SERVIC USERS U 0 0	DENTAL CES FOR UNITS OF	PENDITUI 30 MN - SERVICI OF CARI 0 0 0 0 0 0	- SOC E E \$.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000	IONT S \$.00 2002 HLY AVERA COST PER USER .00 .00 .00	GE - () \$.00 AGE 726 01/17/03 COST PER ELIGIBLE .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE/I SUMMARY OF SERVIC USERS U 0 0	DENTAL CES FOR UNITS OF	PENDITUI 30 MN SERVICI OF CARI 0 0 0 0	- SOC E E \$.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000	IONT S \$.00 2002 HLY AVERA COST PER USER .00 .00 .00	GE - () \$.00 AGE 726 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 02 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS	FEE-FOR-SERVICE/I SUMMARY OF SERVIC USERS U 0 0	DENTAL CES FOR UNITS OF	PENDITUI 30 MN - SERVICI OF CARI 0 0 0 0 0 0	- SOC E E \$.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000	IONT S \$.00 2002 HLY AVERA COST PER USER .00 .00 .00	GE - () \$.00 AGE 726 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE/I SUMMARY OF SERVIC USERS U 0 0	DENTAL CES FOR UNITS OF	PENDITUI 30 MN - SERVICI OF CARI 0 0 0 0 0 0	- SOC E E \$ \$.00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000	IONT S \$ \$.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00	GE - () \$.00 AGE 726 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE/I SUMMARY OF SERVIC USERS U 0 0	DENTAL CES FOR UNITS OF	PENDITUI 30 MN - SERVICI OF CARI 0 0 0 0 0 0	- SOC E E \$ \$.00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	IONT S \$ \$.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00	GE - () \$.00 AGE 726 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 02 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS	FEE-FOR-SERVICE/I SUMMARY OF SERVIC USERS U 0 0	DENTAL CES FOR UNITS OF	PENDITUI 30 MN - SERVICI OF CARI 0 0 0 0 0 0 0 0 0 0 0	- SOC E E \$ \$.00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	IONT S \$ \$.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE - () \$.00 AGE 726 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 02 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	FEE-FOR-SERVICE/I SUMMARY OF SERVIC USERS U 0 0	DENTAL CES FOR UNITS OF	PENDITUI 30 MN SERVICI OF CARI O O O O O O O O O O O O O	- SOC E E \$ \$.00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S \$ \$.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE - () \$.00 AGE 726 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 02 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS U 0 0 0 0 0 0 0 0 0 0	DENTAL CES FOR UNITS OF	PENDITUI 30 MN - SERVICI OF CARI O O O O O O O O O O O O O	- SOC E E \$ \$.00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S \$ \$.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00	GE ·	.00 AGE 726 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS U 0 0 0 0 0 0 0 0 0 0 0	DENTAL CES FOR UNITS OF	PENDITUI 30 MN - SERVICI OF CARI O O O O O O O O O O O O O	- SOC E E \$ \$.00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S \$ \$.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00	GE (1)	.00 AGE 726 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS U 0 0 0 0 0 0 0 0 0 0 0	DENTAL CES FOR UNITS OF	PENDITUI 30 MN - SERVICI OF CARI O O O O O O O O O O O O O	- SOC E E \$ \$.00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S ; ; \$ \$ \$.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	GE - () 1	.00 AGE 726 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS U 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL CES FOR UNITS OF	PENDITUI 30 MN - SERVICI OF CARI O O O O O O O O O O O O O	- SOC E E \$ \$.00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S ; ; \$.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - 1	.00 AGE 726 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS U 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL CES FOR UNITS OF	PENDITUI 30 MN - SERVICI OF CARI O O O O O O O O O O O O O	- SOC E E \$ \$.00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S S S S S S S S S S S S S S S S S S S	.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S S SSSS	.00 AGE 726 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS U 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL CES FOR UNITS OF	SERVICE OF CARD O O O O O O O O O O O O O O O O O O O	- SOC E E \$ \$.00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S S S S S S S S S S S S S S S S S S S	.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E G	.00 AGE 726 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS U 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL CES FOR UNITS OF	SERVICION O O O O O O O O O O O O O O O O O O	- SOC E E \$ \$.00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S S S S S S S S S S S S S S S S S S S	.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E G	.00 AGE 726 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 AMADOR COUNTY 02 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	FEE-FOR-SERVICE/I SUMMARY OF SERVICE USERS U 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL CES FOR UNITS OF	SERVICE OF CARD O O O O O O O O O O O O O O O O O O O	- SOC E E \$ \$.00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S S S S S S S S S S S S S S S S S S S	.00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E G	.00 AGE 726 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

OUTPATIENT SURGERY

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NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	
ADMINISTRATIVE DAYS	•			.00	.000		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	18	386.83	21.49	9.000	193.42	193.42
MEDICAL	1	2	159.37	79.69		159.37	79.69
	Τ				1.000		
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	13	141.00	10.85	6.500	70.50	70.50
RADIOLOGY	1	1	21.91	21.91	.500	21.91	10.96
ROOM USE	1	1	48.15	48.15	.500	48.15	24.08
CROSSOVERS/ALL OTH OUTPTNT	1	1	16.40	16.40	.500	16.40	8.20
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.000		
	0	0	.00			.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0		.00			
ALL OTHER INPATIENT	0	0	.00		.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITURES MC					PAGE 727
MOP024	FEE-FOR-SERVICE		MIII OF TATRENT RE	SIONI FON OAN 2	.002 IIINO DEN	2002	01/17/03
AMADOR COUNTY		ICES FOR 30 MN - SOC	DI IND	7 TD 00	NDE		01/11/03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 30 MN - SOC	- BLIND	AID CC			
					MON'		
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	18 \$	386.83	\$ 21.49	9.000 \$	193.42	\$ 193.42
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	ñ	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00

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193.42

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70.50

21.91

48.15

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193.42

79.69

70.50

10.96

24.08

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

ALL OTHER INPATIENT

CROSSOVERS/ALL OTH OUTPTNT	1	1		16.40		16.40	.500		16.40		8.20
@STATE HOSPITAL	0	0	Ś	.00	Ś	.00	.000	Ś	.00	\$.00
MENTALLY ILL	0	0	т	.00	Ψ	.00	.000	Ψ	.00	т	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	т	.00	7	.00	.000	7	.00	7	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		XPENDITUR	RES MONTH-OF-E	PAYMENT RE	PORT I	FOR JAN 2002	2 THRU	DEC 2	002	PAG	
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	30 MN -	SOC - BLIND			AID CODE					

				 - MON'I'HL'	Y AVERAGE	

					110111	TILL AVEINO	ш
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
@* TOTALS IN THESE LINES ARE GIV	EN AS A SEPAR	ATE INFORMATION ITEM ON	LY;				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 729
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
AMADOR COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

						MON	NTHLY AVERA	GE
70 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	89	1,302	\$	61,064.03	\$ 46.90	18.600	686.11	\$ 872.34
@PHYSICIANS SERVICES	29	214	\$	4,567.94	\$ 21.35	3.057	157.52	\$ 65.26
OUTPATIENT VISITS	15	22		723.32	32.88	.314	48.22	10.33
OFFICE VISITS	12	12		408.61	34.05	.171	34.05	5.84
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		112.95	56.48	.029	56.48	1.61
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	8		201.76	25.22	.114	40.35	2.88
INPATIENT VISITS	5	19		918.02	48.32	.271	183.60	13.11
HOSPITAL VISITS	5	19		918.02	48.32	.271	183.60	13.11
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	4	38		1,215.52		31.99	.543		303.88		17.36
PRINCIPAL SURGEON	1	1		608.04		608.04	.014		608.04		8.69
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	37		607.48		16.42	.529		202.49		8.68
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		2.99		2.99	.014		2.99		.04
RADIOLOGY	6	9		482.31		53.59	.129		80.39		6.89
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	80		606.70		7.58	1.143		606.70		8.67
OTHER SERVICES/ALL X-OVERS	13	45		619.08		13.76	.643		47.62		8.84
@PHARMACY	50	229	\$	29,702.71	\$	129.71	3.271	\$	594.05	\$	424.32
PRESCRIPTION DRUGS	49	214	·	29,581.20	·	138.23	3.057		603.70		422.59
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	49	214		29,581.20		138.23	3.057		603.70		422.59
MEDICAL SUPPLIES	2	15		121.51		8.10	.214		60.76		1.74
@DENTIST	3	14	\$	379.00	\$	27.07	.200	\$	126.33	\$	5.41
VISITS - DIAGNOSTIC	2	4	·	55.00	·	13.75	.057		27.50		.79
ORAL SURGERY	1	4		159.00		39.75	.057		159.00		2.27
DRUGS	1	1		.00		.00	.014		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	5		165.00		33.00	.071		165.00		2.36
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	RES I	MONTH-OF-PAYMENT R	EPORT			DEC		Р	AGE 730
MOP024	FEE-FOR-SERVIC								2002	-	01/17/03
AMADOR COUNTY		VICES FOR 31 MN -	- SO	C - DISABLED A	ID CO	DDES 65 67	6W				,,
							Mo	TNC	HLY AVERA	GE.	
70 ELIGIBLES	USERS	UNITS OF SERVICE	\equiv	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CARE	₹.		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	45.85	\$	45.85	.014	\$	45.85	\$.66
MEDICINE/INJECTIONS	0	0		.00	•	.00	.000	•	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	1		45.85		45.85	.014		45.85		.66
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		.00		.00
			•		•			•			

NURSE MIDWIFE	0	0	Ś	.00	Ś	.00	.000	\$.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	Ś	.00	.000		.00		.00
@TOTAL HOSPITAL	26	324	Ś	25,399.40	Ś	78.39	4.629		976.90		362.85
HOSP INPATIENT TOTAL	5	18		18,656.23			.257		3731.25		266.52
HSC HOSPITALS	2	5		7,716.00		1543.20	.071		3858.00		110.23
NON-HSC HOSPITAL TOTAL	2	7		10,148.23		1449.75	.100		5074.12		144.97
ACCOMMODATIONS	2	7		3,098.43		442.63	.100		1549.22		44.26
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	7		3,098.43		442.63	.100		1549.22		44.26
ANCILLARIES	2	0		7,049.80		.00	.000		3524.90		100.71
INPATIENT CROSSOVERS	1	6		792.00		132.00	.086		792.00		11.31
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	24	306		6,743.17		22.04	4.371		280.97		96.33
MEDICAL	9	19		661.72		34.83	.271		73.52		9.45
SURGERY	1	0		26.18		.00	.000		26.18		.37
PATHOLOGY	15	106		835.83		7.89	1.514		55.72		11.94
RADIOLOGY	9	15		1,360.54		90.70	.214		151.17		19.44
ROOM USE	9	16		868.67		54.29	.229		96.52		12.41
CROSSOVERS/ALL OTH OUTPINT	7	150		2,990.23		19.93	2.143		427.18		42.72
@COUNTY HOSPITAL TOTAL	0	0	\$	21.93	\$.00	.000	\$.00	\$.31
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		21.93		.00	.000		.00		.31
MEDICAL	0	0		18.48		.00	.000		.00		.26
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		3.45		.00	.000		.00		.05
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	JRES	MONTH-OF-PAYMENT R	EPOR	RT FOR JAN	2002 THRU	DEC	2002	ΡZ	AGE 731
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	31 MN	- SO	C - DISABLED A	ID C	ODES 65 67	7 6W				
							M	ONT	HLY AVERA	.GE ·	

MONTHLY AVERAGE 70 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 26 324 \$ 25,377.47 \$ 78.33 4.629 \$ 976.06 \$ 362.54 COMM HOSP INPATIENT TOTAL 5 18 1036.46 .257 3731.25 18,656.23 266.52 5 3858.00 HSC HOSPITALS 7,716.00 1543.20 .071 110.23 NON-HSC HOSPITALS TOTAL 10,148.23 1449.75 .100 5074.12 144.97 3,098.43 442.63 1549.22 44.26 ACCOMMODATIONS .100 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 .00 0 0 .00 .000 TRANSITIONAL IP CARE .00 .00 442.63 ALL OTHER ACCOM 3,098.43 .100 1549.22 44.26 0 ANCILLARIES 7,049.80 .00 .000 3524.90 100.71 INPATIENT CROSSOVERS 792.00 132.00 .086 792.00 11.31 ALL OTHER INPATIENT .00 .00 .000 .00 .00

COMM HOSP OUTPATIENT TOTAL MEDICAL	24 9 1	306 19 0		6,721.24 643.24		21.96	4.371		280.05		96.02 9.19
SURGERY		•		26.18		.00	.000		26.18		.37
PATHOLOGY	15	106		835.83		7.89	1.514		55.72		11.94
RADIOLOGY	9	15		1,360.54		90.70	.214		151.17		19.44
ROOM USE	9	16		865.22		54.08	.229		96.14		12.36
CROSSOVERS/ALL OTH OUTPTNT		150		2,990.23		19.93	2.143		427.18		42.72
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	'	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$.00	Ś	.00
HOSPITAL BASED	0	0	Υ	.00	Υ	.00	.000	7	.00	۲	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	5	\$	86.56	\$	17.31	.071	Ċ	86.56	Ċ	1.24
PATHOLOGY	1	5	Y	86.56	Y	17.31	.071	Y	86.56	٧	1.24
XO AND OTHERS		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	338.99	Ċ	42.37	.114	Ċ	42.37	\$	4.84
CLINIC CLINIC	1	1	Ą	28.01	۲	28.01	.014	۲	28.01	۲	
SURGICENTER	Τ	1		.00		.00	.000		.00		.40
	0	0									
HEROIN DETOX CLINIC	7	7		.00		.00	.000 .100		.00		.00
RURAL HEALTH CLINIC	,	'		310.98	1D0DE	44.43		חחמ	44.43	Б	4.44
#CALIF DEPT OF HEALTH SERV			ES M	ONTH-OF-PAYMENT RE	PORT	FOR JAN 2	UUZ THRU	DEC	2002	Р	AGE 732
MOP024	FEE-FOR-SERVICE/		000		FD 00	DEC 65 67	CT-T				01/17/03
AMADOR COUNTY	SUMMARY OF SERVI	CES FOR 31 MN -	SOC	- DISABLED A	ID CC	DES 65 67				с п	
70 71 777777	Hanna					D3.00 00.00	M				
70 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST					COST PER
0		OR DAYS OF CARE		5.40, 50		UNIT/DAY	_		USER		ELIGIBLE
@ALL OTHER PROVIDERS	4	507	\$	543.58	\$	1.07	7.243	Ş	135.90	Ş	7.77
DURABLE MED. EQUIP.	1	1		191.96		191.96	.014		191.96		2.74
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	1	54		79.70		1.48	.771		79.70		1.14
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	54		79.70		1.48	.771		79.70		1.14
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	24.42	12.21	.029	24.42	.35
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	450	247.50	.55	6.429	247.50	3.54
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	12	87	\$ 1,250.42	\$ 14.37	1.243	\$ 104.20	\$ 17.86

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 733
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

						MON	NTHLY AVERA	GE	
133 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS	T PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIC	GIBLE
@TOTAL, ALL PROVIDERS	158	2,354	\$	85,307.96	\$ 36.24	17.699	539.92	\$ 64	41.41
@PHYSICIANS SERVICES	58	279	\$	10,801.80	\$ 38.72	2.098	186.24	\$ 8	81.22
OUTPATIENT VISITS	22	31		1,422.60	45.89	.233	64.66		10.70
OFFICE VISITS	21	27		1,216.92	45.07	.203	57.95		9.15
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	3	4		205.68	51.42	.030	68.56		1.55
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	4	18		912.16		50.68	.135		228.04		6.86
HOSPITAL VISITS	4	17		613.16		36.07	.128		153.29		4.61
CRITICAL CARE	1	1		299.00		299.00	.008		299.00		2.25
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	13	64		4,078.85		63.73	.481		313.76		30.67
PRINCIPAL SURGEON	6	6		2,901.41		483.57	.045		483.57		21.82
ASSISTANT SURGEON	2	2		201.65		100.83	.015		100.83		1.52
ANESTHESIOLOGIST	5	56		975.79		17.42	.421		195.16		7.34
OUTPATIENT SURGERY	6	30		1,244.08		41.47	.226		207.35		9.35
PRINCIPAL SURGEON	4	4		854.05		213.51	.030		213.51		6.42
ASSISTANT SURGEON	Ô	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	26		390.03		15.00	.195		195.02		2.93
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	4		283.71		70.93	.030		70.93		2.13
RADIOLOGY	26	55		2,534.57		46.08	.414		97.48		19.06
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	2		28.39		14.20	.015		14.20		.21
OTHER SERVICES/ALL X-OVERS	5	75		297.44		3.97	.564		59.49		2.24
@PHARMACY	56	132	\$	6,215.30	\$	47.09	.992	\$	110.99	\$	46.73
PRESCRIPTION DRUGS	56	132	·	6,215.30	·	47.09	.992		110.99		46.73
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	56	132		6,215.30		47.09	.992		110.99		46.73
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	10	53	\$	3,541.00	\$	66.81	.398	\$	354.10	\$	26.62
VISITS - DIAGNOSTIC	5	27		331.00		12.26	.203		66.20		2.49
ORAL SURGERY	1	6		397.00		66.17	.045		397.00		2.98
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	2	2		475.00		237.50	.015		237.50		3.57
RESTORATIVE DENTISTRY	5	11		1,246.00		113.27	.083		249.20		9.37
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	7		1,092.00		156.00	.053		546.00		8.21
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	JRES M	ONTH-OF-PAYMENT RE	EPORI	FOR JAN 2	002 THRU	DEC	2002	P.	AGE 734
MOP024	FEE-FOR-SERVICE/D	ENTAL									01/17/03

----- MONTHLY AVERAGE -----133 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 3 10 \$ 249.36 \$ 24.94 .075 \$ 83.12 \$ 1.87 DIAGNOSTIC AND ANC. PROCED 3 142.35 47.45 .023 47.45 1.07 EYE APPLIANCES 3 7 107.01 15.29 .053 35.67 .80 .00 .000 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 .00 \$.00 .000 \$.00 \$.00 @CHIROPRACTOR VISITS 0 .00 .00 .000 .00 .00 0 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 \$ @PODIATRIST .00 .000 \$.00 \$.00

AMADOR COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

				_					
MEDICINE/INJECTIONS	0	0	.0		.00	.000	.00		.00
SURGERY/ANES.	0	0	.0	0	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.0	0	.00	.000	.00		.00
OTHER	0	0	.0	0	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0 \$.0			.000 \$		\$.00
NURSE ANESTHESIST	0	0 \$.0			.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.0			.000 \$.00	\$.00
	0	0 \$							
PEDIATRIC NURSE PRACTITIONER	-		.0		.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.0			.000 \$		\$.00
@TOTAL HOSPITAL	76	437 \$	57 , 943.7		132.59	3.286 \$	762.42	Ş	435.67
HOSP INPATIENT TOTAL	7	25	45,511.7		1820.47	.188	6501.68		342.19
HSC HOSPITALS	2	6	7,150.0	0	1191.67	.045	3575.00		53.76
NON-HSC HOSPITAL TOTAL	5	19	38,361.7	4	2019.04	.143	7672.35		288.43
ACCOMMODATIONS	5	19	9,610.7	0	505.83	.143	1922.14		72.26
ADMINISTRATIVE DAYS	0	0	.0	0	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.0		.00	.000	.00		.00
ALL OTHER ACCOM	5	19	9,610.7		505.83	.143	1922.14		72.26
ANCILLARIES	5 5	0	28,751.0		.00	.000	5750.21		216.17
	0	0	•						
INPATIENT CROSSOVERS	-		.0		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.0		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	71	412	12,432.0		30.17	3.098	175.10		93.47
MEDICAL	37	58	3,278.9		56.53	.436	88.62		24.65
SURGERY	4	4	149.0	7	37.27	.030	37.27		1.12
PATHOLOGY	35	174	2,090.4	8	12.01	1.308	59.73		15.72
RADIOLOGY	31	43	3,632.1	4	84.47	.323	117.17		27.31
ROOM USE	39	55	2,439.7		44.36	.414	62.56		18.34
CROSSOVERS/ALL OTH OUTPTNT	28	78	841.6		10.79	.586	30.06		6.33
@COUNTY HOSPITAL TOTAL	0	0 \$.000 \$.00	Ġ	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.0	-	.00	.000	.00	Y	.00
	0	0					.00		
HSC HOSPITALS	0	0	.0		.00	.000			.00
NON-HSC HOSPITALS TOTAL	-	U	.0		.00	.000	.00		.00
ACCOMMODATIONS	0	Ü	.0		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.0		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.0	0	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.0	0	.00	.000	.00		.00
ANCILLARIES	0	0	.0	0	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.0	0	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.0	0	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.0		.00	.000	.00		.00
MEDICAL	0	0	.0		.00	.000	.00		.00
SURGERY	0	0	.0		.00	.000	.00		.00
PATHOLOGY	0	0	.0		.00	.000	.00		.00
RADIOLOGY	0	0	.0		.00	.000	.00		.00
	0	0							
ROOM USE	•		.0		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.0		.00	.000	.00		.00
		CES AND EXPENDITURES	MON'I'H-OF-PAYMEN'I	REPO	ORT FOR JAN 2	2002 THRU DE	3 2002	PA	AGE 735
MOP024	FEE-FOR-SERVICE								01/17/03
AMADOR COUNTY	SUMMARY OF SERV	/ICES FOR 32 MN - S	OC - FAMILIES AID	CODE	: 5R 6R 37				
						MON'			
133 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURE	S A	VERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE		P	ER UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	76	437 \$	57,943.7	8 \$	132.59	3.286 \$	762.42	\$	435.67
COMM HOSP INPATIENT TOTAL	7	25	45,511.7		1820.47	.188	6501.68		342.19
HSC HOSPITALS	2	6	7,150.0		1191.67	.045	3575.00		53.76
NON-HSC HOSPITALS TOTAL	5	19	38,361.7		2019.04	.143	7672.35		288.43
ACCOMMODATIONS	5	19	9,610.7		505.83	.143	1922.14		72.26
			J, 0±0•/		~ ~ ~ ~ ~ ~	• + + -			

9,610.70

.143

1922.14

72.26

19

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	19		9,610.70		505.83	.143		1922.14		72.26
ANCILLARIES	5	0		28,751.04		.00	.000		5750.21		216.17
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	71	412		12,432.04		30.17	3.098		175.10		93.47
MEDICAL	37	58		3,278.98		56.53	.436		88.62		24.65
SURGERY	4	4		149.07		37.27	.030		37.27		1.12
PATHOLOGY	35	174		2,090.48		12.01	1.308		59.73		15.72
RADIOLOGY	31	43		3,632.14		84.47	.323		117.17		27.31
ROOM USE	39	55		2,439.75		44.36	.414		62.56		18.34
CROSSOVERS/ALL OTH OUTPTNT	28	78		841.62		10.79	.586		30.06		6.33
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	6	\$	67.78	\$	11.30	.045	\$	22.59	\$.51
PATHOLOGY	3	6		67.78		11.30	.045		22.59		.51
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	29	39	\$	4,753.14	\$	121.88	.293	\$	163.90	\$	35.74
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	29	39		4,753.14		121.88	.293		163.90		35.74
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES MOI	NTH-OF-PAYMENT RE	EPORT	FOR JAN 200	2 THRU	DEC	2002	PI	AGE 736
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
AMADOD COUNTRY	CHAMADA OF CEDITORS FOR	20 101	000	DAMILIES AID OF		D CD 27					

----- MONTHLY AVERAGE -----EXPENDITURES 133 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,398 \$ \$ 1.24 10.511 \$ 144.65 \$ 13.05 @ALL OTHER PROVIDERS 12 1,735.80 .000 DURABLE MED. EQUIP. 0 0 .00 .00 .00 .00 0 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 128 848.71 6.63 424.36 6.38 MEDICAL TRANSPORTATION .962 128 6.63 .962 424.36 848.71 6.38 AMBULANCES/AIR TRANS 0 OTHER TRANS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

AMADOR COUNTY

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	33.28	8.32	.030	16.64	.25
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	16	178.46	11.15	.120	44.62	1.34
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	1,250	675.35	.54	9.398	168.84	5.08
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 737 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

AMADOR COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

					MO	NTHLY AVERA	GE
263 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	321	4,354 \$	199,454.56	\$ 45.81	16.555	\$ 621.35	\$ 758.38
@PHYSICIANS SERVICES	98	550 \$	16,188.57	\$ 29.43	2.091	\$ 165.19	\$ 61.55
OUTPATIENT VISITS	37	53	2,145.92	40.49	.202	58.00	8.16
OFFICE VISITS	33	39	1,625.53	41.68	.148	49.26	6.18
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	6	318.63	53.11	.023	63.73	1.21
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	8	201.76	25.22	.030	40.35	.77
INPATIENT VISITS	10	46	2,108.58	45.84	.175	210.86	8.02
HOSPITAL VISITS	10	45	1,809.58	40.21	.171	180.96	6.88
CRITICAL CARE	1	1	299.00	299.00	.004	299.00	1.14
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	17	102	5 , 294.37	51.91	.388	311.43	20.13
PRINCIPAL SURGEON	7	7	3,509.45	501.35	.027	501.35	13.34
ASSISTANT SURGEON	2	2	201.65	100.83	.008	100.83	.77
ANESTHESIOLOGIST	8	93	1,583.27	17.02	.354	197.91	6.02
OUTPATIENT SURGERY	6	30	1,244.08	41.47	.114	207.35	4.73
PRINCIPAL SURGEON	4	4	854.05	213.51	.015	213.51	3.25
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	26	390.03	15.00	.099	195.02	1.48
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	5	286.70	57.34	.019	57.34	1.09

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	33	65		3,025.36		46.54	.247		91.68		11.50
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	3	82		635.09		7.75	.312		211.70		2.41
OTHER SERVICES/ALL X-OVERS	29	167		1,448.47		8.67	.635		49.95		5.51
@PHARMACY	148	544	\$	42,974.78	\$	79.00	2.068	\$	290.37	\$	163.40
PRESCRIPTION DRUGS	146	509		42,652.87		83.80	1.935		292.14		162.18
SNF/ICF	10	56		3,452.42		61.65	.213		345.24		13.13
OUTPATIENTS	136	453		39,200.45		86.54	1.722		288.24		149.05
MEDICAL SUPPLIES	4	35		321.91		9.20	.133		80.48		1.22
@DENTIST	16	92	\$	6,729.00	\$	73.14	.350	\$	420.56	\$	25.59
VISITS - DIAGNOSTIC	7	31		386.00		12.45	.118		55.14		1.47
ORAL SURGERY	4	24		1,511.00		62.96	.091		377.75		5.75
DRUGS	1	1		.00		.00	.004		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	2	2		475.00		237.50	.008		237.50		1.81
RESTORATIVE DENTISTRY	7	20		1,585.00		79.25	.076		226.43		6.03
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	5	14		2,772.00		198.00	.053		554.40		10.54
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			JRES I	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2002 THRU	DEC	2002	PI	AGE 738
MOP024	FEE-FOR-SERVICE	•									01/17/03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 33 MEI	DICAL:	LY NEEDY - SOC							
							N	IONT	HLY AVERA	.GE -	
263 ELIGIBLES	HISERS	INITE OF SERVIC	TE.	EXPENDITIBES	Δ1/F	RAGE COS	T IINITTS / DAY	75 (COST PER	(COU DEB

						1101	ATHEL WARRE	OLI .
263 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	5	10	\$	346.12	\$ 34.61	.038	69.22	\$ 1.32
DIAGNOSTIC AND ANC. PROCED	3	3		142.35	47.45	.011	47.45	.54

EYE APPLIANCES	3	7		107.01		15.29	.027		35.67		.41
OTHER OPTOMETRIC SERVICES	2	0		96.76		.00	.000		48.38		.37
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	3	5	\$	66.97	\$	13.39	.019	\$	22.32	\$.25
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	3	5		66.97		13.39	.019		22.32		.25
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	107	792	\$	85,386.32	\$	107.81	3.011	\$	798.00	\$	324.66
HOSP INPATIENT TOTAL	14	55		65,791.97		1196.22	.209		4699.43		250.16
HSC HOSPITALS	4	11		14,866.00		1351.45	.042		3716.50		56.52
NON-HSC HOSPITAL TOTAL	7	26		48,509.97		1865.77	.099		6930.00		184.45
ACCOMMODATIONS	7	26		12,709.13		488.81	.099		1815.59		48.32
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	26		12,709.13		488.81	.099		1815.59		48.32
ANCILLARIES	7	0		35,800.84		.00	.000		5114.41		136.12
INPATIENT CROSSOVERS	3	18		2,416.00		134.22	.068		805.33		9.19
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	98	737		19,594.35		26.59	2.802		199.94		74.50
MEDICAL	47	79		4,100.07		51.90	.300		87.24		15.59
SURGERY	5	4		175.25		43.81	.015		35.05		.67
PATHOLOGY	52	293		3,067.31		10.47	1.114		58.99		11.66
RADIOLOGY	41	59		5,014.59		84.99	.224		122.31		19.07
ROOM USE	50	73		3,388.88		46.42	.278		67.78		12.89
CROSSOVERS/ALL OTH OUTPINT	36	229		3,848.25		16.80	.871		106.90		14.63
@COUNTY HOSPITAL TOTAL	0	0	\$	21.93	\$.00	.000	\$.00	Ċ	.08
CO HOSPITAL INPATIENT TOTAL	0	0	Y	.00	۲	.00	.000	Y	.00	Y	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM ANCILLARIES	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
INPATIENT CROSSOVERS	0	0				.00	.000				.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		21.93		.00	.000		.00		.08
MEDICAL	ŭ	0		18.48		.00	.000		.00		.07
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		3.45		.00	.000		.00		.01
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000	D= -	.00		.00
#CALIF DEPT OF HEALTH SERV			KES M	ONTH-OF-PAYMENT R	EPOR	T FOR JAN	∠UU2 THRU	DEC	: 2002	PF	AGE 739
MOP024	FEE-FOR-SERVICE	,									01/17/03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 33 MED	LCALL	Y NEEDY - SOC						C.E.	
262 81 1212122		INITEG OF CERTICAL	-		~	EDAGE GGG			HLY AVERA		
263 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	ΑV	LKAGE COS	r units/day	5	COST PER	(COST PER

		OR DAYS OF CAR	F.		PEI	R UNIT/DAY	PER ELIG		USER	1	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	107	792	\$	85,364.39	\$	107.78	3.011		797.80		324.58
COMM HOSP INPATIENT TOTAL	14	55		65,791.97		1196.22	.209		4699.43		250.16
HSC HOSPITALS	4	11		14,866.00		1351.45	.042		3716.50		56.52
NON-HSC HOSPITALS TOTAL	7	26		48,509.97		1865.77	.099		6930.00		184.45
ACCOMMODATIONS	7	26		12,709.13		488.81	.099		1815.59		48.32
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	26		12,709.13		488.81	.099		1815.59		48.32
ANCILLARIES	7	0		35,800.84		.00	.000		5114.41		136.12
INPATIENT CROSSOVERS	3	18		2,416.00		134.22	.068		805.33		9.19
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	98	737		19,572.42		26.56	2.802		199.72		74.42
MEDICAL	47	79		4,081.59		51.67	.300		86.84		15.52
SURGERY	5	4		175.25		43.81	.015		35.05		.67
PATHOLOGY	52	293		3,067.31		10.47	1.114		58.99		11.66
RADIOLOGY	41	59		5,014.59		84.99	.224		122.31		19.07
ROOM USE	50	73		3,385.43		46.38	.278		67.71		12.87
CROSSOVERS/ALL OTH OUTPTNT	36	229		3,848.25		16.80	.871		106.90		14.63
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	14	344	\$	37,131.10	\$	107.94	1.308	\$	2652.22	\$	141.18
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	14	344	^	37,131.10	<u> </u>	107.94	1.308	<u> </u>	2652.22	<u> </u>	141.18
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	Ċ	.00	.000	\$.00	Ċ	.00
HOSPITAL BASED	0	0	۲	.00	Ą	.00	.000	۲	.00	۲	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
HOSPITAL BASED	0	0	Υ	.00	Υ	.00	.000	۲	.00	٧	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	11	\$	154.34	\$	14.03	.042	\$	38.59	Ś	.59
PATHOLOGY	4	11		154.34		14.03	.042		38.59		.59
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	45	66	\$	7,710.37	\$	116.82	.251	\$	171.34	\$	29.32
CLINIC	1	1		28.01		28.01	.004		28.01		.11
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	44	65		7,682.36							29.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES M	ONTH-OF-PAYMENT R	EPOR	r for jan 2	2002 THRU	DEC	2002	P	AGE 740
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
AMADOR COUNTY	SUMMARY OF SERV	VICES FOR 33 MED	ICALL	Y NEEDY - SOC							
							M				
263 ELIGIBLES	USERS	UNITS OF SERVIC	Ε	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S			COST PER
		OR DAYS OF CAR				R UNIT/DAY	PER ELIG		USER]	ELIGIBLE
@ALL OTHER PROVIDERS	25	1,940	\$			1.43	7.376	\$	110.68	\$	10.52
DURABLE MED. EQUIP.	1	1		191.96		191.96	.004		191.96		.73
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.0	0 .00)
MEDICAL TRANSPORTATION	8	211	1,240.55	5.88	.802	155.0	7 4.72	2
AMBULANCES/AIR TRANS	2	128	848.71	6.63	.487	424.3	6 3.23	3
OTHER TRANS	0	0	.00	.00	.000	.0	0 .00)
OTHER SERVICES	6	83	391.84	4.72	.316	65.3	1 1.49	}
ACUPUNCTURE	0	0	.00	.00	.000	.0	0 .00)
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.0	0 .00)
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.0	0 .00)
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.0	0 .00)
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.0	0 .00)
OPTICIAN	2	4	33.28	8.32	.015	16.6	4 .13	3
PHYSICAL THERAPIST	0	0	.00	.00	.000	.0	0 .00)
PORTABLE X-RAY	0	0	.00	.00	.000	.0	0 .00)
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.0	0 .00)
PROSTHETICS	0	0	.00	.00	.000	.0	0 .00)
ORTHOTICS	0	0	.00	.00	.000	.0	0 .00)
PSYCHOLOGIST	0	0	.00	.00	.000	.0	0 .00)
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.0	0 .00)
HOSPICE SERVICES	0	0	.00	.00	.000	.0	0 .00)
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.0	0 .00)
LOCAL EDUCATION AGENCIES	5	18	202.88	11.2		40.5		7
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.0	0 .00)
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.0	0 .00)
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.0	0 .00)
ALL OTHER PROVIDERS	9	1,706	1,098.32	.64		122.0	4 4.18	3
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00				
@XOVER EXCLUDING STATE HOSP**	36	171	\$ 5,235.92	\$ 30.62	.650	\$ 145.4	4 \$ 19.91	L
00								

^{0*} Totals in these lines are given as a separate information item only;

 $\star\star$ These data are included in the appropriate detail lines above.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 741 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 AMADOR COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

ANADON COUNTY	DOMINANT OF DEIN	VICED FOR J4 PM	штио	AGED	AID CO	טטט		
						MON	THLY AVERA	GE
1,189 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,113	43,776	\$	3,596,563.39	\$ 82.16	36.817 \$	3231.41	\$ 3024.86
@PHYSICIANS SERVICES	89	163	\$	3,515.70	\$ 21.57	.137 \$	39.50	\$ 2.96
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

ASSISTANT SURGEON	Ü	Ü		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	-										
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	89	163		3,515.70		21.57	.137		39.50		2.96
@PHARMACY	891	8 , 950	\$	282,171.88	\$	31.53	7.527	\$	316.69	\$	237.32
PRESCRIPTION DRUGS	887	5 , 488		281,042.02		51.21	4.616		316.85		236.37
SNF/ICF	842	5,338		277,939.60		52.07	4.489		330.09		233.76
OUTPATIENTS	52	150		3,102.42		20.68	.126		59.66		2.61
MEDICAL SUPPLIES	7	3,462		1,129.86		.33	2.912		161.41		.95
@DENTIST	63	158	\$	6,233.25	\$	39.45	.133	Ċ	98.94	Ċ	5.24
	59	133	Y	2,508.25	Y	18.86	.112	Y	42.51	Y	2.11
VISITS - DIAGNOSTIC	0	133		•							
ORAL SURGERY	•	•		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1.0	19		3,600.00		189.47	.016		360.00		3.03
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
•	0	0									
ORTHODONTIC SERVICES	•			.00		.00	.000		.00		.00
ALL OTHER SERVICES	5	6		125.00		20.83	.005		25.00	_	.11
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITU	RES MON	ITH-OF-PAYMENT RI	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P.	AGE 742
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
AMADOR COUNTY		ICES FOR 34 MN	- LTNG	- AGED		AID CO	DDE				
			- LTNG	- AGED		AID CC	DDE M	ONT	HLY AVERA	GE ·	
				- AGED EXPENDITURES	AVE	AID CO	M			_	 COST PER
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 34 MN -	Ξ			RAGE COST	M UNITS/DAY	S		-	
AMADOR COUNTY 1,189 ELIGIBLES	SUMMARY OF SERV	ICES FOR 34 MN - UNITS OF SERVICE OR DAYS OF CAR	<u>.</u> Ξ	EXPENDITURES	PER	RAGE COST	M UNITS/DAY PER ELIG	S	COST PER USER	:	COST PER ELIGIBLE
AMADOR COUNTY 1,189 ELIGIBLES @OPTOMETRIST	SUMMARY OF SERVE USERS	UNITS OF SERVICE OR DAYS OF CARI 32	Ξ	EXPENDITURES 484.25		RAGE COST UNIT/DAY 15.13	M UNITS/DAY PER ELIG .027	S	COST PER USER 30.27	:	COST PER ELIGIBLE .41
AMADOR COUNTY 1,189 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED	SUMMARY OF SERVE USERS 16 6	UNITS OF SERVICE OR DAYS OF CARD 32 6	<u>.</u> Ξ	EXPENDITURES 484.25 48.06	PER	RAGE COST UNIT/DAY 15.13 8.01	UNITS/DAY PER ELIG .027 .005	S	COST PER USER 30.27 8.01	:	COST PER ELIGIBLE .41 .04
AMADOR COUNTY 1,189 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	SUMMARY OF SERVE USERS 16 6 8	UNITS OF SERVICE OR DAYS OF CARD 32 6 23	<u>.</u> Ξ	EXPENDITURES 484.25 48.06 393.87	PER	RAGE COST UNIT/DAY 15.13 8.01 17.12	M UNITS/DAY PER ELIG .027 .005 .019	S	COST PER USER 30.27 8.01 49.23	:	COST PER ELIGIBLE .41 .04 .33
AMADOR COUNTY 1,189 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	USERS 16 6 8 3	UNITS OF SERVICE OR DAYS OF CARD 32 6 23 3	E E \$	EXPENDITURES 484.25 48.06 393.87 42.32	PER \$	RAGE COST UNIT/DAY 15.13 8.01 17.12 14.11	M UNITS/DAY PER ELIG .027 .005 .019 .003	S \$	COST PER USER 30.27 8.01 49.23 14.11	\$	COST PER ELIGIBLE .41 .04 .33 .04
AMADOR COUNTY 1,189 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	USERS 16 6 8 3 0	UNITS OF SERVICE OR DAYS OF CARD 32 6 23 3 0	<u>.</u> Ξ	EXPENDITURES 484.25 48.06 393.87 42.32 .00	PER	RAGE COST UNIT/DAY 15.13 8.01 17.12 14.11 .00	M UNITS/DAY PER ELIG .027 .005 .019 .003	S \$	COST PER USER 30.27 8.01 49.23 14.11 .00	\$	COST PER ELIGIBLE .41 .04 .33 .04 .00
AMADOR COUNTY 1,189 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	USERS 16 6 8 3 0 0	UNITS OF SERVICE OR DAYS OF CARD 32 6 23 3 0 0 0	E E \$	EXPENDITURES 484.25 48.06 393.87 42.32 .00 .00	PER \$	RAGE COST UNIT/DAY 15.13 8.01 17.12 14.11 .00 .00	M UNITS/DAY PER ELIG .027 .005 .019 .003 .000	S \$	COST PER USER 30.27 8.01 49.23 14.11 .00	\$	COST PER ELIGIBLE .41 .04 .33 .04 .00 .00
AMADOR COUNTY 1,189 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	USERS 16 6 8 3 0 0 0	UNITS OF SERVICE OR DAYS OF CARD 32 6 23 3 0 0 0 0	₹ \$ \$	EXPENDITURES 484.25 48.06 393.87 42.32 .00 .00 .00	PER \$	RAGE COST R UNIT/DAY 15.13 8.01 17.12 14.11 .00 .00 .00	M UNITS/DAY PER ELIG .027 .005 .019 .003 .000 .000	\$ \$	USER 30.27 8.01 49.23 14.11 .00 .00 .00	\$ \$	COST PER ELIGIBLE .41 .04 .33 .04 .00 .00
AMADOR COUNTY 1,189 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	USERS 16 6 8 3 0 0 0 181	UNITS OF SERVICE OR DAYS OF CARD 32 6 23 3 0 0 0 0 185	E E \$	EXPENDITURES 484.25 48.06 393.87 42.32 .00 .00 .00 1,658.10	PER \$	RAGE COST R UNIT/DAY 15.13 8.01 17.12 14.11 .00 .00 .00 8.96	M UNITS/DAY PER ELIG .027 .005 .019 .003 .000 .000	\$ \$	USER 30.27 8.01 49.23 14.11 .00 .00 .00 9.16	\$ \$	COST PER ELIGIBLE .41 .04 .33 .04 .00 .00 .00 .139
AMADOR COUNTY 1,189 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	USERS 16 6 8 3 0 0 181 0	UNITS OF SERVICE OR DAYS OF CARD 32 6 23 3 0 0 0 0	₹ \$ \$	EXPENDITURES 484.25 48.06 393.87 42.32 .00 .00 .00	PER \$	RAGE COST R UNIT/DAY 15.13 8.01 17.12 14.11 .00 .00 .00	M UNITS/DAY PER ELIG .027 .005 .019 .003 .000 .000	\$ \$	USER 30.27 8.01 49.23 14.11 .00 .00 .00 9.16 .00	\$ \$	COST PER ELIGIBLE .41 .04 .33 .04 .00 .00
AMADOR COUNTY 1,189 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	USERS 16 6 8 3 0 0 0 181	UNITS OF SERVICE OR DAYS OF CARD 32 6 23 3 0 0 0 0 185	₹ \$ \$	EXPENDITURES 484.25 48.06 393.87 42.32 .00 .00 .00 1,658.10	PER \$	RAGE COST R UNIT/DAY 15.13 8.01 17.12 14.11 .00 .00 .00 8.96	M UNITS/DAY PER ELIG .027 .005 .019 .003 .000 .000	\$ \$	USER 30.27 8.01 49.23 14.11 .00 .00 .00 9.16	\$ \$	COST PER ELIGIBLE .41 .04 .33 .04 .00 .00 .00 .139
AMADOR COUNTY 1,189 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	USERS 16 6 8 3 0 0 181 0	UNITS OF SERVICE OR DAYS OF CARD 32 6 23 3 0 0 0 0 185 0	₹ \$ \$	EXPENDITURES 484.25 48.06 393.87 42.32 .00 .00 .00 1,658.10 .00	PER \$	RAGE COST R UNIT/DAY 15.13 8.01 17.12 14.11 .00 .00 .00 8.96 .00	M UNITS/DAY PER ELIG .027 .005 .019 .003 .000 .000 .000	\$ \$	USER 30.27 8.01 49.23 14.11 .00 .00 .00 9.16 .00	\$ \$	COST PER ELIGIBLE .41 .04 .33 .04 .00 .00 .00 .139 .00
AMADOR COUNTY 1,189 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	USERS 16 6 8 3 0 0 181 0 0	UNITS OF SERVICE OR DAYS OF CARD 32 6 23 3 0 0 0 185 0 0	₹ \$ \$	EXPENDITURES 484.25 48.06 393.87 42.32 .00 .00 .00 1,658.10 .00 .00	PER \$	RAGE COST R UNIT/DAY 15.13 8.01 17.12 14.11 .00 .00 .00 8.96 .00 .00	M UNITS/DAY PER ELIG .027 .005 .019 .003 .000 .000 .156 .000	\$ \$	USER 30.27 8.01 49.23 14.11 .00 .00 .00 9.16 .00 .00	\$ \$	COST PER ELIGIBLE .41 .04 .33 .04 .00 .00 .00 .139 .00 .00
AMADOR COUNTY 1,189 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	SUMMARY OF SERVE USERS 16 68 8 3 0 0 0 181 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARD 32 6 23 3 0 0 0 185 0 0 0 185		EXPENDITURES 484.25 48.06 393.87 42.32 .00 .00 .00 1,658.10 .00 .00 1,658.10	PER \$	RAGE COST R UNIT/DAY 15.13 8.01 17.12 14.11 .00 .00 .00 8.96 .00 .00 .00 8.96	M UNITS/DAY PER ELIG .027 .005 .019 .003 .000 .000 .156 .000 .000	SO SP SP SP	COST PER USER 30.27 8.01 49.23 14.11 .00 .00 .00 9.16 .00 .00 9.16	\$\frac{1}{2}\$\$ \$\frac{1}{2}\$	COST PER ELIGIBLE .41 .04 .33 .04 .00 .00 .00 .139 .00 .00 .00 .139 .00 .139
AMADOR COUNTY 1,189 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	SUMMARY OF SERVE USERS 16 6 8 3 0 0 0 181 0 0 181	UNITS OF SERVICE OR DAYS OF CARD 32 6 23 3 0 0 0 185 0 0 185 0	다 다 아 아	EXPENDITURES 484.25 48.06 393.87 42.32 .00 .00 .00 1,658.10 .00 .00 1,658.10 .00	PEF \$ \$ \$	RAGE COST UNIT/DAY 15.13 8.01 17.12 14.11 .00 .00 .00 .00 8.96 .00 .00 8.96 .00	M UNITS/DAY PER ELIG .027 .005 .019 .003 .000 .000 .000 .000 .000 .000 .00	O O O O	USER 30.27 8.01 49.23 14.11 .00 .00 .00 9.16 .00 .00 9.16 .00		COST PER ELIGIBLE .41 .04 .33 .04 .00 .00 .00 .139 .00 .00 .139 .00 .00 .139 .00
AMADOR COUNTY 1,189 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	USERS 16 6 8 3 0 0 0 181 0 181 0 0 181 0 0	UNITS OF SERVICE OR DAYS OF CARD 32 6 23 3 0 0 0 185 0 0 185 0 0 0 185 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	F F G	EXPENDITURES 484.25 48.06 393.87 42.32 .00 .00 .00 1,658.10 .00 .00 1,658.10 .00 .00	PEF \$ \$ \$ \$	RAGE COST UNIT/DAY 15.13 8.01 17.12 14.11 .00 .00 .00 8.96 .00 .00 8.96 .00	M UNITS/DAY PER ELIG .027 .005 .019 .003 .000 .000 .000 .156 .000 .000 .156 .000 .000 .000		COST PER USER 30.27 8.01 49.23 14.11 .00 .00 .00 9.16 .00 .00 9.16 .00 .00 9.16 .00 .00	\$\text{\$\phi\$}\$\$ \$\phi\$\$ \$\phi	COST PER ELIGIBLE .41 .04 .33 .04 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMADOR COUNTY 1,189 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	SUMMARY OF SERVE USERS 16 6 8 3 0 0 0 181 0 0 181 0 0 181 0 0 0 10 0 0 0	UNITS OF SERVICE OR DAYS OF CARD 32 6 23 3 0 0 0 185 0 0 185 0 0 0 0 185 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	다 다 아 아	EXPENDITURES 484.25 48.06 393.87 42.32 .00 .00 .00 1,658.10 .00 .00 1,658.10 .00 .00 .00 .00 .00 .00 .00	PER S S S S S S S S S S S S S S S S S S S	RAGE COST UNIT/DAY 15.13 8.01 17.12 14.11 .00 .00 .00 8.96 .00 .00 8.96 .00 .00	M UNITS/DAY PER ELIG .027 .005 .019 .003 .000 .000 .000 .156 .000 .000 .156 .000 .000 .156 .000 .000		COST PER USER 30.27 8.01 49.23 14.11 .00 .00 .00 9.16 .00 .00 9.16 .00 .00 .00		COST PER ELIGIBLE .41 .04 .33 .04 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMADOR COUNTY 1,189 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	USERS 16 6 8 3 0 0 0 181 0 0 181 0 0 2	UNITS OF SERVICE OR DAYS OF CARD 32 6 23 3 0 0 0 185 0 0 185 0 0 0 185 0 0 0 185 0 0 0 185 0 0 0 185 0 0 0 0 185 0 0 0 0 185 0 0 0 0 0 2	F F G	EXPENDITURES 484.25 48.06 393.87 42.32 .00 .00 .00 1,658.10 .00 .00 1,658.10 .00 .00 .00 .00 41.20	PEF \$ \$ \$ \$	RAGE COST UNIT/DAY 15.13 8.01 17.12 14.11 .00 .00 .00 8.96 .00 .00 .00 8.96 .00 .00	M UNITS/DAY PER ELIG .027 .005 .019 .003 .000 .000 .000 .156 .000 .000 .156 .000 .000 .156 .000 .000 .000	ט ט ט ט ט ט ט ט	COST PER USER 30.27 8.01 49.23 14.11 .00 .00 .00 9.16 .00 .00 9.16 .00 .00 20.60		COST PER ELIGIBLE .41 .04 .33 .04 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMADOR COUNTY 1,189 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	USERS 16 6 8 3 0 0 0 181 0 0 181 0 0 0 2 0 0	UNITS OF SERVICE OR DAYS OF CARD 32 6 23 3 0 0 0 185 0 0 0 185 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ያ ያ	EXPENDITURES 484.25 48.06 393.87 42.32 .00 .00 .00 1,658.10 .00 .00 1,658.10 .00 .00 41.20 .00	PER PER S S S S S S S S S S S S S S S S S S S	RAGE COST UNIT/DAY 15.13 8.01 17.12 14.11 .00 .00 .00 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .027 .005 .019 .003 .000 .000 .000 .156 .000 .000 .156 .000 .000 .000 .000 .000 .000 .000 .0		COST PER USER 30.27 8.01 49.23 14.11 .00 .00 .00 9.16 .00 .00 9.16 .00 .00 20.60 .00		COST PER ELIGIBLE .41 .04 .33 .04 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMADOR COUNTY 1,189 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	USERS 16 6 8 3 0 0 0 181 0 0 181 0 0 181 0 0 181 0 181	UNITS OF SERVICE OR DAYS OF CARD 32 6 23 3 0 0 0 185 0 0 0 185 0 0 0 0 185 0 0 0 185 0 0 0 185 0 0 0 185 0 0 0 185 0 0 0 185 0 0 0 185 0 0 0 185 0 0 0	F F G	EXPENDITURES 484.25 48.06 393.87 42.32 .00 .00 .00 1,658.10 .00 .00 1,658.10 .00 .00 41.20 .00 10,013.34	PER S S S S S S S S S S S S S S S S S S S	RAGE COST UNIT/DAY 15.13 8.01 17.12 14.11 .00 .00 .00 8.96 .00 .00 .00 8.96 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG .027 .005 .019 .003 .000 .000 .156 .000 .000 .156 .000 .000 .000 .000 .000 .000 .000 .0	ט ט ט ט ט ט ט ט	COST PER USER 30.27 8.01 49.23 14.11 .00 .00 .00 9.16 .00 .00 9.16 .00 .00 20.60 .00 625.83		COST PER ELIGIBLE .41 .04 .33 .04 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMADOR COUNTY 1,189 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	USERS 16 6 8 3 0 0 0 181 0 0 181 0 0 181 0 0 181 0 181 1 0 181 1 0 181 1 0 181 1	UNITS OF SERVICE OR DAYS OF CARD 32 6 23 3 0 0 0 0 185 0 0 0 185 0 0 0 185 0 0 0 185 0 0 0 185 0 0 0 185 0 0 0 185 0 0 0 185 0 0 0 185 0 0 0 185 0 0 0 185 0 0 0 0 185 0 0 0 0 185 0 0 0 0 0 185 0 0 0 0 0 0 185 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ያ ያ	### EXPENDITURES ### 484.25 ### 48.06 ### 393.87 ## 42.32 ## 000 ## 000 ## 1,658.10 ## 000 ## 1,658.10 ## 000 ## 1,658.10 ## 000 ## 1,658.10 ## 1,658	PER PER S S S S S S S S S S S S S S S S S S S	RAGE COST UNIT/DAY 15.13 8.01 17.12 14.11 .00 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .027 .005 .019 .003 .000 .000 .000 .156 .000 .000 .156 .000 .000 .000 .000 .000 .000 .000 .0		COST PER USER 30.27 8.01 49.23 14.11 .00 .00 .00 9.16 .00 .00 9.16 .00 .00 20.60 .00 625.83 807.00		COST PER ELIGIBLE .41 .04 .33 .04 .00 .00 .00 .00 .00 .00 .00 .00 .00
AMADOR COUNTY 1,189 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	USERS 16 6 8 3 0 0 0 181 0 0 181 0 0 181 0 0 181 0 181	UNITS OF SERVICE OR DAYS OF CARD 32 6 23 3 0 0 0 185 0 0 0 185 0 0 0 0 185 0 0 0 185 0 0 0 185 0 0 0 185 0 0 0 185 0 0 0 185 0 0 0 185 0 0 0 185 0 0 0	ያ ያ	EXPENDITURES 484.25 48.06 393.87 42.32 .00 .00 .00 1,658.10 .00 .00 1,658.10 .00 .00 41.20 .00 10,013.34	PER PER S S S S S S S S S S S S S S S S S S S	RAGE COST UNIT/DAY 15.13 8.01 17.12 14.11 .00 .00 .00 8.96 .00 .00 .00 8.96 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG .027 .005 .019 .003 .000 .000 .156 .000 .000 .156 .000 .000 .000 .000 .000 .000 .000 .0		COST PER USER 30.27 8.01 49.23 14.11 .00 .00 .00 9.16 .00 .00 9.16 .00 .00 20.60 .00 625.83		COST PER ELIGIBLE .41 .04 .33 .04 .00 .00 .00 .00 .00 .00 .00 .00 .00

OUTPATIENT SURGERY

PRINCIPAL SURGEON

ASSISTANT SURGEON

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NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	12	80	9,684.00	121.05	.067	807.00	8.14
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	26	329.34	12.67	.022	82.34	.28
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	26	329.34	12.67	.022	82.34	.28
@COUNTY HOSPITAL TOTAL	2	27 \$	1,624.00	\$ 60.15	.023	\$ 812.00	\$ 1.37
CO HOSPITAL INPATIENT TOTAL	2	27	1,624.00	60.15	.023	812.00	1.37
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	27	1,624.00	60.15	.023	812.00	1.37
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 .00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 743
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

111111111111111111111111111111111111111	2011111111 01 21111	1020 1011 01 111.		11022		1112	1	MONT	HLY AVERA	CF	
1,189 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/1/21	DACE COST	UNITS/DA		COST PER		COST PER
1,109 EHIGIBHES	OPEND	OR DAYS OF CARE		EVERNOTIONES			PER ELI		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	79	\$	8,389.34	\$	106.19	.066		599.24		7.06
	10		ې	•	Ą	152.08		Ą	806.00	Ş	6.78
COMM HOSP INPATIENT TOTAL		53		8,060.00			.045				
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	10	53		8,060.00		152.08	.045		806.00		6.78
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4	26		329.34		12.67	.022		82.34		.28
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	4	26		329.34		12.67	.022		82.34		.28
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	۲	.00	Y	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
	989	· · · · · · · · · · · · · · · · · · ·	\$		Ś			ċ		Ś	2749.53
@NURSING FACILITY		32,590	Ş	3,269,185.52	Ş	100.31	27.410	\$	3305.55	Ş	
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	1	139		73,946.45		531.99	.117		73946.45		62.19
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	988	32,451		3,195,239.07		98.46	27.293		3234.05		2687.33
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
PATHOLOGY	0	0	т	.00	Ψ	.00	.000	т	.00	Τ.	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	Ś	197.00	Ś	197.00	.001	Ś	197.00	Ś	.17
CLINIC CLINIC	0	0	۲	.00	Y	.00	.000	Y	.00	Y	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000				.00
HEROIN DETOX CLINIC	U	U				.00			.00		
RURAL HEALTH CLINIC	T		10 MONT	197.00	20000	197.00	.001	D= -	197.00	_	.17
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	S MONT	H-OF-PAYMENT I	KEPORT	FOR JAN	ZUUZ THRU	DEC	2002	Ρ	AGE 744
MOP024	FEE-FOR-SERVICE	,	T	3.000			000				01/17/03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 34 MN -	LTNG -	- AGED		AID C	ODE				

						MC	NTHLY AVERA	GE -	
1,189 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	101	1,589	\$	23,063.15	\$ 14.51	1.336	\$ 228.35	\$	19.40
DURABLE MED. EQUIP.	8	132		3,871.41	29.33	.111	483.93		3.26
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	1	2		1,128.99	564.50	.002	1128.99		.95
MEDICAL TRANSPORTATION	44	363		3,064.82	8.44	.305	69.66		2.58
AMBULANCES/AIR TRANS	1	2		110.71	55.36	.002	110.71		.09
OTHER TRANS	8	112		406.10	3.63	.094	50.76		.34
OTHER SERVICES	36	249		2,548.01	10.23	.209	70.78		2.14
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	5	13		145.92	11.22	.011	29.18		.12
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	1	3		7.53	2.51	.003	7.53		.01
PROSTHETICS	1	3		7.53	2.51	.003	7.53		.01
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	4	4		20.43	5.11	.003	5.11		.02
SPEECH AND AUDIOLOGY	1	1		33.03	33.03	.001	33.03		.03
HOSPICE SERVICES	8	134		13,594.96	101.45	.113	1699.37		11.43
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	35	937		1,196.06	1.28	.788	34.17		1.01
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000			.00
@XOVER EXCLUDING STATE HOSP**	379	4,865	\$	69 , 359.39	\$ 14.26	4.092	\$ 183.01	\$	58.33
0* TOTALS IN THESE LINES ARE (GIVEN AS A SEPARA	ATE INFORMATION 1	TEM C	NLY;					
THE AMOUNTS ARE ALREADY INC				B ABOVE.					
** THESE DATA ARE INCLUDED IN									
#CALIF DEPT OF HEALTH SERV			RES MC	NTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU D	EC 2002	PP	AGE 745
MOP024	FEE-FOR-SERVICE,	/DENTAL							01/17/03

AMADOR COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .000 \$.00 \$ @TOTAL, ALL PROVIDERS 0 0 \$.00 \$.00 .00 .00 @PHYSICIANS SERVICES 0 0 .00 .000 \$.00 \$.00 OUTPATIENT VISITS .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 OFFICE VISITS HOME VISITS 0 .00 .00 .000 .00 .00 .00 .00 .00 EMERGENCY ROOM .000 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 HOSPITAL VISITS CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00

----- MONTHLY AVERAGE -----

BEICVICES THE THIRDINE	O		O			• 0 0		• 0 0	.000		• 0 0		• 0 0
INPATIENT HOSPITAL SURGERY	0		0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0			.00		.00	.000		.00		.00
DIALYSIS	0		0			.00		.00	.000		.00		.00
PATHOLOGY	0		0			.00		.00	.000		.00		.00
RADIOLOGY	0		0			.00		.00	.000		.00		.00
PSYCHIATRY	0		0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0			.00		.00	.000		.00		.00
@PHARMACY	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
PRESCRIPTION DRUGS	0		0	'		.00	'	.00	.000		.00		.00
SNF/ICF	0		0			.00		.00	.000		.00		.00
OUTPATIENTS	0		0			.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0		0			.00		.00	.000		.00		.00
@DENTIST	0		Ö	\$.00	\$.00	.000	Ś	.00	Ś	.00
VISITS - DIAGNOSTIC	0		0	·		.00	•	.00	.000		.00	·	.00
ORAL SURGERY	0		0			.00		.00	.000		.00		.00
DRUGS	0		0			.00		.00	.000		.00		.00
ANESTHESIA	0		Ô			.00		.00	.000		.00		.00
PERIODONTICS	0		0			.00		.00	.000		.00		.00
ENDODONTICS	0		0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0			.00		.00	.000		.00		.00
PROSTHETICS	0		0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EX		RES MON'	TH-OF-PAYME		PORT F			DEC		P7	AGE 746
MOP024	FEE-FOR-SERVICE			CLO IIOIV	111 01 111111		11 01(1 1	010 01110 2	1002 111110		, 2002		01/17/03
AMADOR COUNTY	SUMMARY OF SERV		35 MN -	- LTNG	- BLIND			AID CC)DE				01/17/05
THIRDOR COUNTY	SOIRER OF SERV	IODO ION	33 111	DINO	DEIND			1112 00		ОИТ	HLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF	SERVICE	₹.	EXPENDITU	IRES	AVERA	AGE COST	UNITS/DAY				COST PER
00 Elicibile	OBERS	OR DAYS			DINI DINDI I	отспо			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	OIC BIIID	0	\$.00	\$.000		.00		.00
DIAGNOSTIC AND ANC. PROCED	0		0	т		.00	7	.00	.000	т.	.00	7	.00
EYE APPLIANCES	0		Ő			.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0			.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
VISITS	0		0	Υ		.00	Ψ.	.00	.000	۲	.00	Ψ	.00
OTHER SERVICES	0		0			.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	Ś	.00	\$.00
MEDICINE/INJECTIONS	0		0	~		.00	~	.00	.000	Y	.00	~	.00
SURGERY/ANES.	0		0			.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0			.00		.00	.000		.00		.00
OTHER	0		0			.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	Ś	.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000		.00		.00
MOLOR WINESTITESTST	U		U	Y		. 00	۲	.00	.000	ٻ	.00	7	.00

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EXAMINATIONS

SERVICES AND MATERIALS

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NONSE HIDWILE	O	0 9	• 0 0	• • • •	.000 4	• 0 0	• • • •
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	•
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00			.00
TRANSITIONAL IP CARE	0	0			.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	U	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	U	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	U	0	.00	.00	.000	.00	.00
PATHOLOGY	U	0	.00	.00	.000	.00	.00
RADIOLOGY	O	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			TH-OF-PAYMENT RE	PORT FOR JAN 2	002 THRU DEC	2002	PAGE 747
MOP024	FEE-FOR-SERVICE						01/17/03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 35 MN - LTNG	- BLIND	AID CO			
					MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		·
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
TMDATTENT CDOCCOVEDC	0	Λ	0.0	0.0	000	0.0	0.0

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NURSE MIDWIFE

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

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COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000 \$.00 \$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER 0 0 .00 .00 .00 .00 .00 .00 .000 .00 .00 .00 .000 .00 .00 .00 HEROIN DETOX CLINIC Ω . 00 RURAL HEALTH CLINIC 0 0 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 748 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 AMADOR COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$		\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 749
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 66 ELIGIBLES USERS 207,954.45 \$ 82.00 38.424 \$ 2928.94 \$ 3150.83 @TOTAL, ALL PROVIDERS 71 2,536 \$ 12 492.90 \$ 28.99 .258 \$ 41.08 \$ 7.47 17 \$ @PHYSICIANS SERVICES 1 1 1.23 OUTPATIENT VISITS 1 1 1.23 OFFICE VISITS 0 .00 HOME VISITS EMERGENCY ROOM
PREVENTIVE CARE 0 .00 0 0 0 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000	.00		.00
INPATIENT VISITS	7	8		304.30		38.04	.121	43.47		4.61
	,	0								.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00		
CRITICAL CARE	0	U		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	7	8		304.30		38.04	.121	43.47		4.61
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00		.00
EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
	0	0								
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	U	U		.00		.00	.000	.00		.00
PATHOLOGY	0	Ü		.00		.00	.000	.00		.00
RADIOLOGY	1	2		17.10		8.55	.030	17.10		.26
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	4	6		90.10		15.02	.091	22.53		1.37
@PHARMACY	63	554	\$	28,690.43	\$	51.79	8.394	\$ 455.40	\$	434.70
PRESCRIPTION DRUGS	63	554		28,690.43		51.79	8.394	455.40		434.70
SNF/ICF	61	529		27,411.23		51.82	8.015	449.36		415.32
OUTPATIENTS	3	25		1,279.20		51.17	.379	426.40		19.38
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	5	8	\$	240.00	\$.121			3.64
-	3	6	Ą	190.00	Ą	31.67	.091	47.50		2.88
VISITS - DIAGNOSTIC	4	0								
ORAL SURGERY	U	0		.00		.00	.000	.00		.00
DRUGS	U	U		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	1	2		50.00		25.00	.030	50.00		.76
#CALIF DEPT OF HEALTH SERV			DEC MC	ONTH-OF-PAYMENT RI						AGE 750
			KES MC	NTH-OF-PAIMENT RE	FPORT	FOR JAN 2	.UUZ THRU L	EC 2002	Ρ.	AGE /50 01/17/03
MOP024	FEE-FOR-SERVICE/									01/1//03
AMADOR COUNTY	SUMMARY OF SERVI	CES FOR 36 MN -	- L'I'NG	G - DISABLED		AID CC				
								NTHLY AVER		
66 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS OF CARE	3		PER		PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	1	2	\$	43.76	\$	21.88	.030	\$ 43.76	\$.66
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	1	2		43.76		21.88	.030	43.76		.66
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		Ś	.00
VISITS	0	0	т	.00	т'	.00	.000	.00	т	.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	6	6	\$	120.00	\$	20.00	.091		Ċ	1.82
GEODIVIVIOI	O	Ö	۲	120.00	۲	20.00	.091	y 20.00	Ą	1.04

MEDICINE/INJECTIONS	1	1	21.40	21.40	.015	21.40	.32
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	5	98.60	19.72	.076	19.72	1.49
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	6	24 \$	310.94	\$ 12.96	.364 \$	51.82	\$ 4.71
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	· · · · · · · · · · · · · · · · · · ·	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	U	.00	.00	.000	.00	.00
ANCILLARIES	· ·	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	24	310.94	12.96	.364	51.82	4.71
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	24	310.94	12.96	.364	51.82	4.71
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00				
ROOM USE	•			.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO	NTH-OF-PAIMENT RE	EPORT FOR JAN 2	:002 THRO DEC	, 2002	PAGE 751
MOP024	FEE-FOR-SERVICE		DTG1D10D	3.70 00			01/17/03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 36 MN - LTNG	- DISABLED	AID CC			~=
66					MONT		
66 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
0.000.000.000.000.000.000.000.000	-	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	24 \$	310.94	\$ 12.96	.364 \$	51.82	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	6	2.4		310.94		12.96	.364		51.82		4.71
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	6	2.4		310.94		12.96	.364		51.82		4.71
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
	0	0	÷	.00	\$.00		<u>~</u>		<u>~</u>	
@STATE HOSPITAL	0	0	\$		Ą		.000	\$		\$.00
MENTALLY ILL	0	•		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	_	.00	_	.00	.000	_	.00	_	.00
@NURSING FACILITY	61	1,823	\$	173,523.56	\$	95.19	27.621	\$	2844.65	\$	2629.14
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	61	1,823		173 , 523.56		95.19	27.621		2844.65		2629.14
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	2.51	\$	2.51	.015	Ś	2.51	Ś	.04
PATHOLOGY	0	0	'	.00	'	.00	.000		.00		.00
XO AND OTHERS	1	1		2.51		2.51	.015		2.51		.04
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00		\$		\$.00
CLINIC	0	0	т	.00	т	.00	.000	т	.00	т	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	•		IDEC MC	NTH-OF-PAYMENT R				DEC		Г	AGE 752
MOP024	FEE-FOR-SERVICE		DKES MC	NIH-OF-FAIMENI K	.EFUKI	FOR JAN 2	2002 IHKU	DEC	2002	r	01/17/03
AMADOR COUNTY		•	T IIINIC	DICADIED		AID CO)DE				01/1//03
AMADOR COUNTI	SUMMARI OF SERV	/ICES FOR 36 MN	- LING	- DISABLED		AID CO		ONTH	III	CE	
ee mitothing	HOEDO	IINITHO OF OFFICE	יחי	DADEMDIMIDEO	71 77 77		M				COCH DED
66 ELIGIBLES	USERS	UNITS OF SERVIO		EXPENDITURES			UNITS/DAY		COST PER		COST PER
ANTI OMILED DDOMINEDC	0	OR DAYS OF CAR		4 520 25			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	8	101	\$	4,530.35	\$	44.85	1.530	Þ	566.29	Þ	68.64
DURABLE MED. EQUIP.	3	41		4,238.18		103.37	.621		1412.73		64.21

						1101	111111 11111111111111111111111111111111	.00
66 ELIGIBLES	USERS	UNITS OF SERVICE	<u> </u>	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	<u> </u>		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	8	101	\$	4,530.35	\$ 44.85	1.530 \$	566.29	\$ 68.64
DURABLE MED. EQUIP.	3	41		4,238.18	103.37	.621	1412.73	64.21
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	54		164.79	3.05	.818	41.20	2.50
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	4	33		138.85	4.21	.500	34.71	2.10
OTHER SERVICES	1	21		25.94	1.24	.318	25.94	.39
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	6		127.38	21.23	.091	63.69	1.93
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	12	39	\$	3,339.41	\$ 85.63	.591	\$ 278.28	\$ 50.60

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 753
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES DISCONTIN	

							MOI	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	.00	\$.00

OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	Ö		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	-	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	RES MON	TH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DE	C 2002	PA	GE 754
MOP024	FEE-FOR-SERVICE,		T III		DIGGONE	T. 7. 7			01/17/03
AMADOR COUNTY	SUMMARY OF SERV.	ICES FOR 37 MN -	- LTNG	- FAMILIES	DISCONT			CE	
OO ETTOTRE	HOEDO	IINITE OF CERTIC	7		VALDACE COOM	MON			
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST PER UNIT/DAY				OST PER LIGIBLE
@OPTOMETRIST	0	OR DAYS OF CARE	± \$	0.0		.000 \$	USER .00		.00
DIAGNOSTIC AND ANC. PROCED	0	0	۲	.00	\$.00 .00	.000 \$.00	ٻ	.00
DIAGNOSTIC AND ANC. PROCED	U	U		.00	.00	.000	.00		.00

EYE APPLIANCES	0	0		.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	7	.00	т	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	Υ	.00	Ψ	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	S MONT		EPORT F				PAGE 755
MOP024	FEE-FOR-SERVICE		70 L101/1	III OF TATRIBINI IN	TT OIVI I	OIL OAN 20	OZ IIIKO DEC	2002	01/17/03
AMADOR COUNTY		ICES FOR 37 MN -	LTNG -	- FAMILIES		DISCONTI	. N		01/11/03
	COLUMN OF OTHER	1020 1010 07 1110					· MONTH	ILY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERA				COST PER

		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	•	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		.00
ANCILLARIES	0	•				.00					
INPATIENT CROSSOVERS	U	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	U	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	U	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	•	.00	•	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
	0	0	Ċ		\$			Ċ	.00	Ċ	
@INTERMEDIATE CARE FACILDD	0	· ·	\$.00	Ą	.00	.000	\$		\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	U	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	Ü	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0				.00					.00
#CALIF DEPT OF HEALTH SERV	•		ES MO							PZ	
	FEE-FOR-SERVICE		10 110		DI OIKI	1010 01110 2	002 111110	рцо	2002		01/17/03
AMADOR COUNTY	,	ICES FOR 37 MN -	T TINIC	- FAMILIES		DISCONT	TNI				01/1//03
WHADOK COOKIT	POLITALLI OE SEKVI	CES FOR SIMIN -	ттис	LWHITTES					HLY AVERA	CF -	
00 ELIGIBLES	HCEDC	UNITS OF SERVICE		EADEMDIMIDEC	7/ 7/7771						
OO FFIGIRES	USEKS			EAPENDITUKES							
ONLI OMURD DDOMING	0	OR DAYS OF CARE		0.0		UNIT/DAY					
@ALL OTHER PROVIDERS	0	0	Þ	.00	\$.00	Þ	
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{0*} Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 757
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

AMADON COUNTI	SOUTHAILT OF SELL	VICES FOR SO MEDICA	71111 IA	DIDI DING				
						MON	THLY AVERA	GE
1,255 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,184	46,312 \$	3	3,804,517.84	\$ 82.15	36.902 \$	3213.28	\$ 3031.49
@PHYSICIANS SERVICES	101	180 \$	3	4,008.60	\$ 22.27	.143 \$	39.69	\$ 3.19
OUTPATIENT VISITS	1	1		81.40	81.40	.001	81.40	.06
OFFICE VISITS	1	1		81.40	81.40	.001	81.40	.06
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	7	8		304.30	38.04	.006	43.47	.24
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	7	8		304.30	38.04	.006	43.47	.24
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	0	0		.00)	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00)	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00)	.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00)	.00	.000		.00		.00
RADIOLOGY	1	2		17.10)	8.55	.002		17.10		.01
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00)	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	93	169		3,605.80)	21.34	.135		38.77		2.87
@PHARMACY	954	9,504 \$	3	310,862.31	\$	32.71	7.573	\$	325.85	\$	247.70
PRESCRIPTION DRUGS	950	6,042		309,732.45	5	51.26	4.814		326.03		246.80
SNF/ICF	903	5 , 867		305,350.83	3	52.05	4.675		338.15		243.31
OUTPATIENTS	55	175		4,381.62	2	25.04	.139		79.67		3.49
MEDICAL SUPPLIES	7	3,462		1,129.86	5	.33	2.759		161.41		.90
@DENTIST	68	166 \$;	6,473.25	\$	39.00	.132	\$	95.19	\$	5.16
VISITS - DIAGNOSTIC	63	139		2,698.25	5	19.41	.111		42.83		2.15
ORAL SURGERY	0	0		.00)	.00	.000		.00		.00
DRUGS	0	0		.00)	.00	.000		.00		.00
ANESTHESIA	0	0		.00)	.00	.000		.00		.00
PERIODONTICS	0	0		.00)	.00	.000		.00		.00
ENDODONTICS	0	0		.00)	.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00)	.00	.000		.00		.00
PROSTHETICS	0	0		.00)	.00	.000		.00		.00
DENTURES, STAYPLATES	10	19		3,600.00)	189.47	.015		360.00		2.87
SPACE MAINTAINERS	0	0		.00)	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00)	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00)	.00	.000		.00		.00
ALL OTHER SERVICES	6	8		175.00		21.88	.006		29.17		.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-O	F-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	PA	AGE 758
MOP024	FEE-FOR-SERVICE/DENTAL	_									01/17/03

							M	TNC	HLY AVERA	GE	
1,255 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	17	34	\$	528.01	\$	15.53	.027	\$	31.06	\$.42
DIAGNOSTIC AND ANC. PROCED	6	6		48.06		8.01	.005		8.01		.04
EYE APPLIANCES	9	25		437.63		17.51	.020		48.63		.35
OTHER OPTOMETRIC SERVICES	3	3		42.32		14.11	.002		14.11		.03
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	187	191	\$	1,778.10	\$	9.31	.152	\$	9.51	\$	1.42
MEDICINE/INJECTIONS	1	1		21.40	·	21.40	.001		21.40	·	.02
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	186	190		1,756.70		9.25	.151		9.44		1.40
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	Ś	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	2	2	\$	41.20	\$	20.60	.002	\$	20.60	\$.03
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	22	130	Ś	10,324.28	Ś	79.42	.104		469.29	Ś	8.23
HOSP INPATIENT TOTAL	12	80	Τ	9,684.00	Ψ	121.05	.064	т	807.00	т	7.72
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	12	80		9,684.00		121.05	.064		807.00		7.72
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	10	50		640.28		12.81	.040		64.03		.51
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	6	24		310.94		12.96	.019		51.82		.25
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	4	26		329.34		12.67	.021		82.34		.26
@COUNTY HOSPITAL TOTAL	2	27	\$	1,624.00	\$	60.15	.021	Ċ	812.00	\$	1.29
CO HOSPITAL INPATIENT TOTAL	2	27	۲	1,624.00	Ą	60.15	.022	۲	812.00	۲	1.29
HSC HOSPITALS	2	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00			.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	0	0		.00							
ANCILLARIES	2					.00	.000		.00		.00
INPATIENT CROSSOVERS	2	27 0		1,624.00		60.15	.022		812.00		1.29
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL MEDICAL	0	0				.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
SURGERY		0		.00		.00	.000		.00		.00
PATHOLOGY	0	•		.00		.00	.000		.00		.00
RADIOLOGY ROOM USE		0		.00		.00	.000		.00		.00
KUUN USE	0	0		.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .00 Ω . 00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 759

01/17/03

MOP024	FEE-FOR-SERVICE/DENTAL	
AMADOR COUNTY		DICALLY NEEDY - LTNG

SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

AMADOR COUNTY

----- MONTHLY AVERAGE -----1,255 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @COMMUNITY HOSPITAL TOTAL 20 103 \$ 8,700.28 \$ 84.47 .082 \$ 435.01 \$ 6.93 COMM HOSP INPATIENT TOTAL 10 53 8,060.00 152.08 .042 806.00 6.42 Ω 0 .00 .00 .000 .00 .00 HSC HOSPITALS Ω 0 . 00 . 00 .000 . 00 . 00 NON-HSC HOSPITALS TOTAL .00 .000 .00 .00 . 00 ACCOMMODATIONS .00 ADMINISTRATIVE DAYS Ω .00 . 00 .000 . 00 0 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 0 .00 .00 .000 .00 ALL OTHER ACCOM .00 ANCILLARIES 0 0 .00 .00 .000 .00 .00 6.42 INPATIENT CROSSOVERS 1.0 53 8,060.00 152.08 .042 806.00 Ω Ω .00 .00 .000 .00 ALL OTHER INPATIENT .00 50 640.28 12.81 64.03 10 .040 .51 COMM HOSP OUTPATIENT TOTAL 0 Λ .00 .00 .000 .00 .00 MEDICAL .000 SURGERY 0 .00 .00 . 00 . 00 12.96 51.82 PATHOLOGY 310.94 .019 .25 RADIOLOGY Ω .00 .00 .000 .00 .00 ROOM USE 0 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPINT 26 329.34 12.67 .021 82.34 .26 .000 \$ 0 .00 \$.00 .00 \$.00 @STATE HOSPITAL MENTALLY ILL Ω Ω .00 . 00 .000 . 00 .00 .000 DEVELOP. DISABLED Ο 0 .00 . 00 . 00 . 00 1,050 34,413 27.421 \$ 3278.77 \$ 2743.19 3,442,709.08 100.04 QNURSING FACILITY 0 0 .00 . 00 .000 . 00 . 00 LEV A-INTERMEDIATE .00 Ω Ω .00 .000 .00 LEV B-REHAB MD .00 Ω .000 LEV B-SUBACUTE FREESTANDING Ω .00 .00 .00 .00 .111 LEV B-SUBACUTE HSPTL BASED 139 73,946.45 531.99 73946.45 58.92 .00 0 0 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 1,049 27.310 LEV B-REGULAR 34,274 3,368,762.63 98.29 3211.40 2684.27 .00 .000 \$.00 \$ @INTERMEDIATE CARE FACIL.-DD Ω 0 Ś . 00 . 00 0 .00 .00 .000 .00 ICF DDH .00 .00 ICF DD 0 .00 .00 .000 .00 .000 ICF DDN/DDCN Ω .00 .00 .00 .00 .000 \$ @HEMODIALYSIS TOTAL .00 \$.00 .00 \$.00 HOSPITAL BASED 0 .00 .00 .000 .00 .00 HEMODIALYSIS CENTER 0 .00 .00 .000 .00 .00 .000 S @REHABILITATION FACILITY Ω .00 \$.00 .00 \$.00 0 .00 . 00 .000 . 00 . 00 HOSPITAL BASED 0 .00 .00 .000 .00 . 00 INDEPENDENT FACILITY 2.51 \$ 2.51 2.51 \$ @LABORATORY FACILITY .001 \$.00 PATHOLOGY 0 .00 .00 .000 .00 .00 2.51 2.51 .001 2.51 .00 XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC 197.00 \$ 197.00 .001 \$ 197.00 \$.16 .000 .00 .00 .00 CLINIC .00 . 00 .00 .000 . 00 . 00 SURGICENTER .00 .00 .00 0 .000 .00 HEROIN DETOX CLINIC 197.00 .001 197.00 197.00 .16 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 760 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

						MON	THLY AVERA	GE -	
1,255 ELIGIBLES	USERS	UNITS OF SERVICE	EXE	PENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	109	1,690	\$	27,593.50	\$ 16.33	1.347 \$	253.15	\$	21.99
DURABLE MED. EQUIP.	11	173		8,109.59	46.88	.138	737.24		6.46
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	1	2		1,128.99	564.50	.002	1128.99		.90
MEDICAL TRANSPORTATION	48	417		3,229.61	7.74	.332	67.28		2.57
AMBULANCES/AIR TRANS	1	2		110.71	55.36	.002	110.71		.09
OTHER TRANS	12	145		544.95	3.76	.116	45.41		.43
OTHER SERVICES	37	270		2,573.95	9.53	.215	69.57		2.05
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	5	13		145.92	11.22	.010	29.18		.12
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	1	3		7.53	2.51	.002	7.53		.01
PROSTHETICS	1	3		7.53	2.51	.002	7.53		.01
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	4	4		20.43	5.11	.003	5.11		.02
SPEECH AND AUDIOLOGY	1	1		33.03	33.03	.001	33.03		.03
HOSPICE SERVICES	8	134		13,594.96	101.45	.107	1699.37		10.83
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	37	943		1,323.44	1.40	.751	35.77		1.05
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	391	4,904	\$	72,698.80	\$ 14.82	3.908 \$	185.93	\$	57.93
@* TOTALS IN THESE LINES ARE (THE AMOUNTS ARE ALREADY INC	CLUDED IN THE API	PROPRIATE DETAIL I	LINES ABOVE						
** THESE DATA ARE INCLUDED IN				T DATIMENT D		2000 BUDU 55	10 0000	D.7	OD 7.61
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	S MONTH-OF	-PAYMENT R	EPORT FOR JAN 2	ZUUZ THRU DE	iC 2002	PA	
MOP024	FEE-FOR-SERVICE			7 7 6 6 6 6					01/17/03
AMADOR COUNTY	SUMMAKY OF SERV	ICES FOR 39 MEDIC	ALLY NEEDY	- AGED				C.	

----- MONTHLY AVERAGE -----2,272 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 2,033 51,690 \$ 3,993,937.23 \$ 77.27 22.751 \$ 1964.55 \$ 1757.89 @PHYSICIANS SERVICES 263 815 13,950.38 17.12 .359 \$ 53.04 \$ 6.14 47.63 OUTPATIENT VISITS 3 3 142.90 47.63 .001 .06 3 3 142.90 47.63 .001 47.63 .06 OFFICE VISITS HOME VISITS 0 0 .00 .00 .000 .00 .00 0 .00 EMERGENCY ROOM .00 .00 .000 .00 PREVENTIVE CARE 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI OTHER OUTPATIENT 0 0 .00 .00 .000 .00 .00 377.71 INPATIENT VISITS 10 37.77 .004 188.86 .17 377.71 37.77 188.86 10 .004 .17 HOSPITAL VISITS CRITICAL CARE 0 0 .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE 0 0 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	1		236.41		236.41	.000		236.41		.10
PRINCIPAL SURGEON	1	1		236.41		236.41	.000		236.41		.10
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	2	6		242.25		40.38	.003		121.13		.11
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	260	795		12,951.11		16.29	.350		49.81		5.70
@PHARMACY	1,650	12,033	\$	453,977.45	Ś		5.296	Ś		Ś	199.81
PRESCRIPTION DRUGS	1,645	8,540	т.	451,517.73	4	52.87	3.759	Т.	274.48	4	198.73
SNF/ICF	890	5,567		293,042.84		52.64	2.450		329.26		128.98
OUTPATIENTS	764	2,973		158,474.89		53.30	1.309		207.43		69.75
MEDICAL SUPPLIES		3,493		2,459.72		.70	1.537		117.13		1.08
@DENTIST	21 119	370	\$	21,424.25	Ś		.163	Ś		Ś	9.43
VISITS - DIAGNOSTIC	90	236	'	4,059.25		17.20	.104		45.10		1.79
ORAL SURGERY	9	46		2,732.00		59.39	.020		303.56		1.20
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		200.00		200.00	.000		200.00		.09
ENDODONTICS	3	3		735.00		245.00	.001		245.00		.32
RESTORATIVE DENTISTRY	12	27		2,998.00		111.04	.012		249.83		1.32
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	26	51		10,575.00		207.35	.022		406.73		4.65
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	5	6		125.00		20.83	.003		25.00		.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES N	MONTH-OF-PAYMENT RI	EPOR'	r for Jan	2002 THRU	DEC	2002	P	AGE 762
MOP024	FEE-FOR-SERVICE/D										01/17/03
AMADOR COUNTY	SUMMARY OF SERVIC		CALI	LY NEEDY - AGED							
							N	IONTI	HLY AVERA	GE ·	
2 272 ELIGIBLES	HSERS II	NITS OF SERVICE		EXPENDITIBES	Δ1/1	ERAGE COST	TINITES / DAY	'S (COST PER	(COST PER

2,272 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 60 120 \$ 3,112.07 25.93 .053 \$ 51.87 \$ 1.37 DIAGNOSTIC AND ANC. PROCED 21 21 402.50 19.17 .009 19.17 .18 89 EYE APPLIANCES 2,454.53 27.58 .039 68.18 1.08 8 10 255.04 25.50 .004 31.88 .11 OTHER OPTOMETRIC SERVICES @CHIROPRACTOR 0 0 .00 \$.00 .000 \$.00 \$.00 0 0 .00 VISITS .00 .00 .000 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 199 207 1,816.27 8.77 .091 \$ 9.13 .80 @PODIATRIST \$ MEDICINE/INJECTIONS 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 SURGERY/ANES. .00 .000 .00 RADIO./PATHOLOGY 0 0 .00 .00 .00 .00 .000 207 1,816.27 8.77 .80 OTHER 199 .091 9.13 \$ @HOME HEALTH AGENCY 0 0 \$.00 .00 .000 \$.00 \$.00 NURSE ANESTHESIST 20.76 \$ 10.38 .001 \$ 20.76 \$.01

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	2	2	\$ 41.20	\$ 20.60	.001	\$ 20.60	\$.02
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	53	274	\$ 20,414.98	\$ 74.51	.121	\$ 385.19	\$ 8.99
HOSP INPATIENT TOTAL	25	133	17,643.51	132.66	.059	705.74	7.77
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	25	133	17,643.51	132.66	.059	705.74	7.77
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	28	141	2,771.47	19.66	.062	98.98	1.22
MEDICAL	2	2	78.29	39.15	.001	39.15	.03
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	15	200.85	13.39	.007	66.95	.09
RADIOLOGY	4	7	744.36	106.34	.003	186.09	.33
ROOM USE	1	1	32.31	32.31	.000	32.31	.01
CROSSOVERS/ALL OTH OUTPINT	23	116	1,715.66	14.79	.051	74.59	.76
@COUNTY HOSPITAL TOTAL	2	27	\$ 1,645.28	\$.012	\$ 822.64	\$.72
CO HOSPITAL INPATIENT TOTAL	2	27	1,624.00	60.15	.012	812.00	.71
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	27	1,624.00	60.15	.012	812.00	.71
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	21.28	.00	.000	.00	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	21.28	.00	.000	.00	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE 763
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES	FOR 39 MEDICA	LLY NEEDY - AGED				

AMADOR COUNTY	SUMMARY OF SER	VICES FOR 39 MEDI	CALL	Y NEEDY - AGED							
							M	ON	THLY AVERA	GE	
2,272 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	2		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	51	247	\$	18,769.70	\$	75.99	.109	\$	368.03	\$	8.26
COMM HOSP INPATIENT TOTAL	23	106		16,019.51		151.13	.047		696.50		7.05
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	23	106		16,019.51		151.13	.047		696.50		7.05
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	28	141		2,750.19		19.50	.062		98.22		1.21
MEDICAL	20	2		78.29		39.15	.001		39.15		.03
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	15		200.85		13.39	.007		66.95		.09
RADIOLOGY	J //	7		744.36		106.34	.003		186.09		.33
ROOM USE	1	1		32.31		32.31	.000		32.31		.01
CROSSOVERS/ALL OTH OUTPTNT	23	116		1,694.38		14.61	.051		73.67		.75
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	ċ	.00	Ś	.00
MENTALLY ILL	0	0	Ą		ې	.00	.000	ې	.00	Ą	.00
	0			.00			.000				.00
DEVELOP. DISABLED	1,039	0 33 , 840	\$.00 3,422,481.03	\$.00 101.14	14.894	Ś	.00 3294.01	Ś	1506.37
@NURSING FACILITY	1,039	33,840	Ą	, ,	Ş	.00	.000	Ş	.00	Þ	.00
LEV A-INTERMEDIATE	0	0		.00							
LEV B-REHAB MD	0	•		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	1	139		73,946.45		531.99	.061		73946.45		32.55
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1,038	33,701	_	3,348,534.58	_	99.36	14.833	_	3225.95	_	1473.83
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ş		Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	9	\$	164.24	\$	18.25	.004	\$	27.37	\$.07
PATHOLOGY	1	1		28.00		28.00	.000		28.00		.01
XO AND OTHERS	5	8		136.24		17.03	.004		27.25		.06
@ORGANIZED OUTPATIENT CLINIC	115	161	\$	11,208.32	\$	69.62	.071	\$	97.46	\$	4.93
CLINIC	0	0		.00		.00	.000		.00		.00

SURGICENTER 2 2 399.76 199.88 .001 199.88 .18
HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00
RURAL HEALTH CLINIC 113 159 10,808.56 67.98 .070 95.65 4.76
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 764
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

----- MONTHLY AVERAGE -----

					MC	ONTHLY AVERA	GE
2,272 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	244	3 , 857	\$ 45,326.28	\$ 11.75	1.698	\$ 185.76	\$ 19.95
DURABLE MED. EQUIP.	9	133	3,926.48	29.52	.059	436.28	1.73
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	5	2,279.12	455.82	.002	759.71	1.00
MEDICAL TRANSPORTATION	84	1,034	6,607.07	6.39	.455	78.66	2.91
AMBULANCES/AIR TRANS	1	2	110.71	55.36	.001	110.71	.05
OTHER TRANS	11	140	512.73	3.66	.062	46.61	.23
OTHER SERVICES	74	892	5,983.63	6.71	.393	80.86	2.63
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	19	72	5,681.84	78.91	.032	299.04	2.50
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	30	70	770.05	11.00	.031	25.67	.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	8	81.65	10.21	.004	27.22	.04
PROSTHETICS	2	7	22.96	3.28	.003	11.48	.01
ORTHOTICS	1	1	58.69	58.69	.000	58.69	.03
PSYCHOLOGIST	8	9	50.83	5.65	.004	6.35	.02
SPEECH AND AUDIOLOGY	5	9	932.07	103.56	.004	186.41	.41
HOSPICE SERVICES	11	195	20,103.76	103.10	.086	1827.61	8.85
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	90	2,322	4,893.41	2.11	1.022	54.37	2.15
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	645	6,431	\$ 108,650.07	\$ 16.89	2.831	\$ 168.45	\$ 47.82

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 765
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
AMADOR COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 53 \$ 1,009.21 \$ 19.04 26.500 \$ 336.40 \$ 504.61 12 \$ 335.30 \$ 27.94 6.000 \$ 167.65 \$ 167.65 02 ELIGIBLES USERS @TOTAL, ALL PROVIDERS 335.30 \$ 27.94 6.000 \$ 167.65 \$ 167.65 @PHYSICIANS SERVICES 0 OUTPATIENT VISITS 0 Ω OFFICE VISITS 0 0 HOME VISITS EMERGENCY ROOM
PREVENTIVE CARE 0 0 0 PREVENTIVE CARE OB VISITS/COMPRE PERI

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	1	9		278.40		30.93	4.500		278.40		139.20
HOSPITAL VISITS	1	9		278.40		30.93	4.500		278.40		139.20
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		8.48		8.48	.500		8.48		4.24
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2	2		48.42		24.21	1.000		24.21		24.21
@PHARMACY	3	23	\$	287.08	\$	12.48	11.500	\$	95.69	\$	143.54
PRESCRIPTION DRUGS	2	3		86.68		28.89	1.500		43.34		43.34
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	2	3		86.68		28.89	1.500		43.34		43.34
MEDICAL SUPPLIES	2	20		200.40		10.02	10.000		100.20		100.20
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		KES I	MONTH-OF-PAYMENT R	EPORT.	FOR JAN	2002 THRU	DEC	2002	P	AGE 766
MOP024	FEE-FOR-SERVICE/DENTA										01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES F	OK 40 MED	TCAL:	LY NEEDY - BLIND			_			~ =	
00 811618189	HODDO INTE	00 0001110	_		70 7 7 7 7 7	7.00 000	M		HLY AVERA		

02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 \$.00 .00 .000 \$.00 \$.00 .00 DIAGNOSTIC AND ANC. PROCED 0 .00 .000 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 .00 0 .00 .00 .00 OTHER OPTOMETRIC SERVICES .000 .00 \$.00 .000 \$.00 \$.00 @CHIROPRACTOR 0 0 .00 .00 .000 .00 .00 VISITS 0 0 .00 OTHER SERVICES .00 .000 .00 .00 .000 \$ @PODIATRIST .00 \$.00 .00 \$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
	0						
SURGERY/ANES.		0	.00	.00		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00		.00	.00
OTHER	0	0	.00	.00		.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00			\$.00
@TOTAL HOSPITAL	2	18 \$	386.83	\$ 21.49	9.000 \$		\$ 193.42
HOSP INPATIENT TOTAL	0	0	.00	.00		.00	.00
HSC HOSPITALS	0	0	.00	.00		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00		.00	.00
	0	0					
ACCOMMODATIONS		0	.00	.00		.00	.00
ADMINISTRATIVE DAYS	0	U	.00	.00		.00	.00
TRANSITIONAL IP CARE	0	Ü	.00	.00		.00	.00
ALL OTHER ACCOM	0	0	.00	.00		.00	.00
ANCILLARIES	0	0	.00	.00		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	18	386.83	21.49	9.000	193.42	193.42
MEDICAL	1	2	159.37	79.69	1.000	159.37	79.69
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	13	141.00	10.85		70.50	70.50
RADIOLOGY	_ 1	1	21.91	21.91	.500	21.91	10.96
ROOM USE	1	1	48.15	48.15	.500	48.15	24.08
CROSSOVERS/ALL OTH OUTPTNT	1	1	16.40	16.40		16.40	8.20
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00			
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00		.00	·
	0						.00
HSC HOSPITALS	0	0	.00	.00		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00		.00	.00
ACCOMMODATIONS	0	Ü	.00	.00		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00		.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00		.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00		.00	.00
ROOM USE	0	0	.00	.00		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON					PAGE 767
MOP024	FEE-FOR-SERVICE		VIII OI IZIIZENI IXI	101(1 101(011	N 2002 IIINO DE	10 2002	01/17/03
AMADOR COUNTY		ICES FOR 40 MEDICALLY	NEEDY - BLIND				01/11/03
ANADON COONII	SOPPART OF SERV	ICES FOR 40 MEDICALLI	NEEDI BEIND		MON	אליבטא אניבטא	GE
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	MITEDACE CO	ST UNITS/DAYS		COST PER
OZ ELIGIBLES	USEKS	OR DAYS OF CARE	EXPENDITORES		AY PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2		206 02				
			386.83	\$ 21.49	·		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00		.00	.00
HSC HOSPITALS	0	0	.00	.00		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	18	386.83	21.49	9.000	193.42	193.42
MEDICAL	1	2	159.37	79.69	1.000	159.37	79.69
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	13	141.00	10.85	6.500	70.50	70.50
RADIOLOGY	1	1	21.91	21.91	.500	21.91	10.96
ROOM USE	1	1	48.15	48.15	.500	48.15	24.08
CROSSOVERS/ALL OTH OUTPTNT	1	1	16.40	16.40	.500	16.40	8.20
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	ONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 768
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FO	R 40 MEDICALLY	Y NEEDY - BLIND				
					MON	ITHLY AVERAG	
02 ELIGIBLES		OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DA	YS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	Λ	Ω	0.0	0.0	000	0.0	0.0

UZ ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	ST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	GIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$		\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 769 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

AMADOR COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

							MC	NTHLY AVER	AGE	
1,097 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	Œ		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	977	19 , 637	\$	655,002.42	\$	33.36	17.901	\$ 670.42	\$	597.09
@PHYSICIANS SERVICES	216	923	\$	20,316.87	\$	22.01	.841	\$ 94.06	\$	18.52

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	52	77		3,289.80		42.72	.070		63.27		3.00
OFFICE VISITS	41	43		1,802.09	9	41.91	.039		43.95		1.64
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	9	15		978.19	9	65.21	.014		108.69		.89
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00)	.00	.000		.00		.00
OTHER OUTPATIENT	11	19		509.52	2	26.82	.017		46.32		.46
INPATIENT VISITS	17	40		1,835.73	3	45.89	.036		107.98		1.67
HOSPITAL VISITS	10	32		1,531.43	3	47.86	.029		153.14		1.40
CRITICAL CARE	0	0		.00)	.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	7	8		304.30)	38.04	.007		43.47		.28
OPHTHALMOLOGICAL SERVICES	0	0		.00)	.00	.000		.00		.00
EXAMINATIONS	0	0		.00)	.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00)	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	7	185		1,787.03	3	9.66	.169		255.29		1.63
PRINCIPAL SURGEON	2	2		865.4	7	432.74	.002		432.74		.79
ASSISTANT SURGEON	0	0		.00)	.00	.000		.00		.00
ANESTHESIOLOGIST	5	183		921.50		5.04	.167		184.31		.84
OUTPATIENT SURGERY	10	21		2,713.1		129.20	.019		271.32		2.47
PRINCIPAL SURGEON	8	11		2,319.91		210.90	.010		289.99		2.11
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	4	10		393.20		39.33	.009		98.32		.36
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	5	13		930.46		71.57	.012		186.09		.85
RADIOLOGY	29	50		1,490.81		29.82	.046		51.41		1.36
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	4	84		655.85		7.81	.077		163.96		.60
OTHER SERVICES/ALL X-OVERS	150	453		7,614.02		16.81	.413		50.76		6.94
@PHARMACY	828	6,048	Ś	325,587.23			5.513	Ġ	393.22	\$	296.80
PRESCRIPTION DRUGS	822	3,754	٧	320,570.79		85.39	3.422	٧	389.99	Y	292.22
SNF/ICF	76	669		46,109.5		68.92	.610		606.70		42.03
OUTPATIENTS	747	3,085		274,461.22		88.97	2.812		367.42		250.19
MEDICAL SUPPLIES	56	2,294		5,016.4		2.19	2.091		89.58		4.57
@DENTIST	69	2,234	Ś	13,161.63		49.11	.244	ċ	190.75	Ċ	12.00
VISITS - DIAGNOSTIC	43	148	Ą	2,502.00	- '	16.91	.135	۲	58.19	ې	2.28
ORAL SURGERY	10	33		1,466.00		44.42	.030		146.60		1.34
DRUGS	1	1		1,400.00		.00	.001		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	4	5		800.00		160.00	.005		200.00		.73
	3	5		1,210.00		242.00			403.33		1.10
ENDODONTICS	18	60		•			.005		268.97		
RESTORATIVE DENTISTRY	0	0		4,841.50		80.69	.055				4.41
PROSTHETICS	9	13		.0(.00	.000		.00 234.44		.00 1.92
DENTURES, STAYPLATES	0	13		2,110.00		162.31	.012				
SPACE MAINTAINERS	1	1		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	_		182.13		182.13	.001		182.13		.17
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	2		50.00		25.00	.002	D = -	50.00	_	.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	KES M	IONTH-OF-PAYMENT	REPOI	KT FOR JAN	∠UUZ THRÜ	DEC	2002	Ρ.	AGE 770
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	R 41 MED	ICALI	Y NEEDY - DISABI	LED						

----- MONTHLY AVERAGE -----1,097 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 31 17 65 \$ 1,388.10 \$ 21.36 .059 \$ 44.78 \$ 1.27 @OPTOMETRIST 459.35 DIAGNOSTIC AND ANC. PROCED 16 28.71 .015 27.02 .42

EYE APPLIANCES	17	47		738.95		15.72	.043		43.47		.67
OTHER OPTOMETRIC SERVICES	4	2		189.80		94.90	.002		47.45		.17
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	•	.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	17	22	\$	336.22	\$	15.28	.020	\$	19.78	Ċ	.31
•	4		Ÿ		۲			Ą		Ą	
MEDICINE/INJECTIONS	-	5		136.60		27.32	.005		34.15		.12
SURGERY/ANES.	1	1		15.00		15.00	.001		15.00		.01
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	12	16		184.62		11.54	.015		15.39		.17
@HOME HEALTH AGENCY	8	902	\$	26,792.33	\$	29.70	.822	\$	3349.04	\$	24.42
NURSE ANESTHESIST	3	30	\$	86.81	\$	2.89	.027	\$	28.94	\$.08
NURSE MIDWIFE	0	0	\$.00	Ś	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	¢	.00	¢	.00	.000	\$.00	\$.00
	0	0	\$		٠ خ						
FAMILY NURSE PRACTITIONER				.00	ې	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	126	921	\$	50,128.21	Ş	54.43	.840	\$	397.84	Ş	45.70
HOSP INPATIENT TOTAL	13	43		27 , 932.20		649.59	.039		2148.63		25.46
HSC HOSPITALS	2	5		7,716.00		1543.20	.005		3858.00		7.03
NON-HSC HOSPITAL TOTAL	3	10		14,081.52		1408.15	.009		4693.84		12.84
ACCOMMODATIONS	3	10		4,502.43		450.24	.009		1500.81		4.10
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	Ö		.00		.00	.000		.00		.00
	3	10				450.24	.009		1500.81		4.10
ALL OTHER ACCOM	3			4,502.43							
ANCILLARIES	3	0		9,579.09		.00	.000		3193.03		8.73
INPATIENT CROSSOVERS	8	28		6,134.68		219.10	.026		766.84		5.59
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	118	878		22,196.01		25.28	.800		188.10		20.23
MEDICAL	30	52		2,842.41		54.66	.047		94.75		2.59
SURGERY	9	7		664.27		94.90	.006		73.81		.61
PATHOLOGY	62	341		3,527.31		10.34	.311		56.89		3.22
RADIOLOGY	30	53		4,086.10		77.10	.048		136.20		3.72
	37	66		•							
ROOM USE	<u> </u>			3,642.21		55.19	.060		98.44		3.32
CROSSOVERS/ALL OTH OUTPINT	57	359		7,433.71		20.71	.327		130.42		6.78
@COUNTY HOSPITAL TOTAL	0	0	\$	36.33	\$.00	.000	\$.00	\$.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	Ō		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM		0									
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		36.33		.00	.000		.00		.03
MEDICAL	0	0		24.92		.00	.000		.00		.02
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	Û		.00		.00	.000		.00		.00
	0	0									
ROOM USE	0	0		11.41		.00	.000		.00		.01
CROSSOVERS/ALL OTH OUTPTNT	O .	0		.00		.00	.000		.00		.00
	MEDI-CAL SERVICES AND EX	XPENDITÜRE	S MONTH-	OF-PAYMENT R	EPORT	' FOR JAN 2002	: THRU	DEC	2002	PA	GE 771
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	41 MEDIC	CALLY NEE	DY - DISABLE	D						
							N	//ONT	UIV AMPDA	CF -	

----- MONTHLY AVERAGE -----1,097 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	126	921	_ \$	50,091.88	\$	54.39	.840		397.55		45.66
COMM HOSP INPATIENT TOTAL	13	43	·	27,932.20	·	649.59	.039		2148.63		25.46
HSC HOSPITALS	2	5		7,716.00		1543.20	.005		3858.00		7.03
NON-HSC HOSPITALS TOTAL	3	10		14,081.52		1408.15	.009		4693.84		12.84
ACCOMMODATIONS	3	10		4,502.43		450.24	.009		1500.81		4.10
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	10		4,502.43		450.24	.009		1500.81		4.10
ANCILLARIES	3	0		9,579.09		.00	.000		3193.03		8.73
INPATIENT CROSSOVERS	8	28		6,134.68		219.10	.026		766.84		5.59
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	118	878		22,159.68		25.24	.800		187.79		20.20
MEDICAL	30	52		2,817.49		54.18	.047		93.92		2.57
SURGERY	9	7		664.27		94.90	.006		73.81		.61
PATHOLOGY	62	341		3,527.31		10.34	.311		56.89		3.22
RADIOLOGY	30	53		4,086.10		77.10	.048		136.20		3.72
ROOM USE	37	66		3,630.80		55.01	.060		98.13		3.31
CROSSOVERS/ALL OTH OUTPTNT	57	359		7,433.71		20.71	.327		130.42		6.78
@STATE HOSPITAL	0	0	\$.00	\$.00		\$.00	Ś	.00
MENTALLY ILL	0	0	Τ	.00	т	.00	.000	т	.00	т	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	64	1,882	\$	180,400.23	\$	95.86	1.716	Ś	2818.75	Ś	164.45
LEV A-INTERMEDIATE	0	0	Τ	.00	т	.00	.000	т	.00	т	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	64	1,882		180,400.23		95.86	1.716		2818.75		164.45
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	Ś	.00
ICF DDH	0	0	т.	.00	т.	.00	.000	-	.00	-	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	22	37	\$	738.96	\$	19.97	.034	\$	33.59	\$.67
PATHOLOGY	13	27		600.19		22.23	.025		46.17		.55
XO AND OTHERS	9	10		138.77		13.88	.009		15.42		.13
@ORGANIZED OUTPATIENT CLINIC	151	245	\$	21,829.61	\$	89.10	.223	\$	144.57	\$	19.90
CLINIC	1	1		28.01		28.01	.001		28.01		.03
SURGICENTER	1	9		167.28		18.59	.008		167.28		.15
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	149	235		21,634.32			.214		145.20		19.72
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	ONTH-OF-PAYMENT RI	EPORI	FOR JAN 2	2002 THRU	DEC	2002	P.	AGE 772
MOP024	FEE-FOR-SERVICE										01/17/03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 41 MED	ICALL	Y NEEDY - DISABLE	D						
1 005			_				M				
1,097 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES							COST PER
	110	OR DAYS OF CAR		14 006 00		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	113	8,294	Ş	14,236.22	\$			Ş	125.98	Ş	12.98
DURABLE MED. EQUIP.	8	49		4,810.97		98.18			601.37		4.39
BLOOD BANK	U	U		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.0	.000	.00	.00
MEDICAL TRANSPORTATION	11	303	758.48	2.5	.276	68.95	.69
AMBULANCES/AIR TRANS	1	3	144.15	48.0	5 .003	144.15	.13
OTHER TRANS	4	33	138.85	4.2	1 .030	34.71	.13
OTHER SERVICES	7	267	475.48	1.7	.243	67.93	.43
ACUPUNCTURE	0	0	.00	.0	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.0	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.0	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.0	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.0	.000	.00	.00
OPTICIAN	19	46	481.02	10.4	6 .042	25.32	. 44
PHYSICAL THERAPIST	0	0	.00	.0	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.0	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	4	1,988.57	497.1	4 .004	994.29	1.81
PROSTHETICS	2	3	1,929.61	643.2	.003	964.81	1.76
ORTHOTICS	1	1	58.96	58.9	6 .001	58.96	.05
PSYCHOLOGIST	0	0	.00	.0	.000	.00	.00
SPEECH AND AUDIOLOGY	2	18	675.00	37.5	.016	337.50	.62
HOSPICE SERVICES	0	0	.00	.0	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.0	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	370	1,537.81	4.1	6 .337	192.23	1.40
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.0	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.0	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.0	.000	.00	.00
ALL OTHER PROVIDERS	68	7,504	3,984.37	.5	3 6.840	58.59	3.63
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.0	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	214	2,875	\$ 21,044.79	\$ 7.3	2.621	\$ 98.34	\$ 19.18

 $[\]ensuremath{ @^{*}}$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 773 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024

						M	ONTHLY	AVER#	GE ·	
14,264 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	AVERAGE COST			r per		COST PER
•		OR DAYS OF CARE			PER UNIT/DAY			SER	,	ELIGIBLE
@TOTAL, ALL PROVIDERS	7,268	40,735 \$		2,410,670.33	\$ 59.18	2.856	\$ 3	31.68	\$	169.00
@PHYSICIANS SERVICES	2,300	7,121 \$		301,462.60	\$ 42.33	.499	\$ 1.	31.07		21.13
OUTPATIENT VISITS	1,426	1,970		70,523.57	35.80	.138		49.46		4.94
OFFICE VISITS	1,212	1,572		51,013.73	32.45	.110		42.09		3.58
HOME VISITS	, 0	. 0		.00	.00	.000		.00		.00
EMERGENCY ROOM	79	85		4,260.36	50.12	.006		53.93		.30
PREVENTIVE CARE	4	4		159.93	39.98	.000		39.98		.01
OB VISITS/COMPRE PERI	121	261		13,722.93	52.58	.018		13.41		.96
OTHER OUTPATIENT	44	48		1,366.62	28.47	.003		31.06		.10
INPATIENT VISITS	125	483		39,535.92	81.85	.034		16.29		2.77
HOSPITAL VISITS	112	248		11,349.83	45.77	.017		01.34		.80
CRITICAL CARE	22	235		28,186.09	119.94	.016		81.19		1.98
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	2	3		130.23	43.41	.000		65.12		.01
EXAMINATIONS	2	3		130.23	43.41	.000		65.12		.01
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	162	1,426		70,564.25	49.48	.100	1	35.58		4.95
PRINCIPAL SURGEON	94	108		53,517.47	495.53	.008		69.33		3.75
ASSISTANT SURGEON	25	25		3,950.18	158.01	.000		58.01		.28
ANESTHESIOLOGIST	70	1 , 293		13,096.60	10.13	.002		87.09		.92
OUTPATIENT SURGERY	260	839		54,978.92	65.53	.059		11.46		3.85
	207	271		42,635.94	157.33	.019		05.97		2.99
PRINCIPAL SURGEON ASSISTANT SURGEON	1	1		146.22	146.22	.019		46.22		.01
	88	567								
ANESTHESIOLOGIST				12,196.76	21.51	.040	Ι.	38.60		.86
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	223	334		7,244.28	21.69	.023		32.49		.51
RADIOLOGY	678	1,048		28,182.60	26.89	.073		41.57		1.98
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	63	139		5,359.54	38.56	.010		85.07		.38
OTHER SERVICES/ALL X-OVERS	238	879		24,943.29	28.38	.062		04.80		1.75
@PHARMACY	3,832	9,110 \$		469,368.51	\$ 51.52	.639		22.49	Ş	32.91
PRESCRIPTION DRUGS	3,807	8,931		462,392.91	51.77	.626	1.	21.46		32.42
SNF/ICF	0	0		.00	.00	.000		.00		.00
OUTPATIENTS	3,807	8,931		462,392.91	51.77	.626		21.46		32.42
MEDICAL SUPPLIES	86	179		6,975.60	38.97	.013		81.11		. 49
@DENTIST	617	3,044 \$		138,134.80	\$ 45.38	.213		23.88	\$	9.68
VISITS - DIAGNOSTIC	392	1,663		25,608.20	15.40	.117		65.33		1.80
ORAL SURGERY	82	227		14,415.60	63.50	.016		75.80		1.01
DRUGS	9	11		130.00	11.82	.001		14.44		.01
ANESTHESIA	8	8		800.00	100.00	.001		00.00		.06
PERIODONTICS	21	21		3,155.00	150.24	.001		50.24		.22
ENDODONTICS	69	125		19,283.00	154.26	.009		79.46		1.35
RESTORATIVE DENTISTRY	246	841		59,455.00	70.70	.059	2	41.69		4.17
PROSTHETICS	2	2		60.00	30.00	.000		30.00		.00
DENTURES, STAYPLATES	22	96		9,734.00	101.40	.007	4	42.45		.68
SPACE MAINTAINERS	4	6		684.00	114.00	.000	1	71.00		.05
MAXILLOFACIAL SERVICES	4	5		300.00	60.00	.000	,	75.00		.02
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	23	35		4,435.00	126.71	.002	1	92.83		.31
ALL OTHER SERVICES	3	4		75.00	18.75	.000	:	25.00		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONT	CH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU	DEC 20)2	ΡŽ	AGE 774

FEE-FOR-SERVICE/DENTAL

01/17/03

AMADOR COUNTY	SUMMARY OF SERV	VICES FOR 42 MEDI	CALLY	Y NEEDY - FAMILIES	5					~-	
14.064.							MO			GE	
14,264 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
0.0	1.00	OR DAYS OF CARE		10 500 11		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	198	500	\$	12,509.11	\$	25.02	.035	Ş	63.18	Ş	.88
DIAGNOSTIC AND ANC. PROCED	147	148		6,865.58		46.39	.010		46.70		.48
EYE APPLIANCES	115	320		4,952.14		15.48	.022		43.06		.35
OTHER OPTOMETRIC SERVICES	30	32		691.39		21.61	.002		23.05		.05
@CHIROPRACTOR	20	32	\$	497.42	\$	15.54	.002	\$	24.87	\$.03
VISITS	20	32		497.42		15.54	.002		24.87		.03
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	17	25	\$	830.90	\$	33.24	.002	\$	48.88	\$.06
MEDICINE/INJECTIONS	13	13		561.20		43.17	.001		43.17		.04
SURGERY/ANES.	5	10		235.10		23.51	.001		47.02		.02
RADIO./PATHOLOGY	2	2		34.60		17.30	.000		17.30		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	8	33	\$	2,105.05	\$	63.79	.002	\$	263.13	\$.15
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	3	18	\$	596.75	\$	33.15	.001	\$	198.92	\$.04
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$		\$	75.17	.000		75.17	\$.01
@TOTAL HOSPITAL	2,398	9,939	\$	1,121,368.17	\$	112.83	.697		467.63	\$	78.62
HOSP INPATIENT TOTAL	127	684		836,040.15		1222.28	.048		6582.99		58.61
HSC HOSPITALS	39	343		418,017.22		1218.71	.024		10718.39		29.31
NON-HSC HOSPITAL TOTAL	85	325		415,143.45		1277.36	.023		4884.04		29.10
ACCOMMODATIONS	83	325		133,783.99		411.64	.023		1611.86		9.38
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	83	325		133,783.99		411.64	.023		1611.86		9.38
ANCILLARIES	85	0		281,359.46		.00	.000		3310.11		19.73
INPATIENT CROSSOVERS	4	16		2,879.48		179.97	.001		719.87		.20
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,326	9,255		285,328.02		30.83	.649		122.67		20.00
MEDICAL	1,176	1,525		75,426.24		49.46	.107		64.14		5.29
SURGERY	106	109		6,968.94		63.94	.008		65.74		.49
PATHOLOGY	934	3,651		44,654.65		12.23	.256		47.81		3.13
RADIOLOGY	636	889		61,204.30		68.85	.062		96.23		4.29
ROOM USE	1,369	1,821		77,159.71		42.37	.128		56.36		5.41
CROSSOVERS/ALL OTH OUTPTNT		1,260		19,914.18		15.80	.088		31.96		1.40
@COUNTY HOSPITAL TOTAL	14	37	\$	1,193.60	\$	32.26	.003	\$	85.26	\$.08
CO HOSPITAL INPATIENT TOTAL	0	0	·	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	14	37		1,193.60		32.26	.003		85.26		.08
MEDICAL	4	5		322.98		64.60	.000		80.75		.02
SURGERY	2	2		30.33		15.17	.000		15.17		.00
PATHOLOGY	5	16		247.03		15.44	.001		49.41		.02
RADIOLOGY	6	8		206.85		25.86	.001		34.48		.01
ROOM USE	4	5		321.59		64.32	.000		80.40		.02
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01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

AMADOR COUNTY SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

AMADOR COUNTY	SUMMARY OF SERVIC	ES FOR 42 MEDICA	LLY NEEDY - FAMILI	ES				
					MONT			
14,264 ELIGIBLES		NITS OF SERVICE	EXPENDITURES			COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,389	9 , 902 \$	1,120,174.57	•	.694 \$		\$	78.53
COMM HOSP INPATIENT TOTAL	127	684	836,040.15		.048	6582.99		58.61
HSC HOSPITALS	39	343	418,017.22			10718.39		29.31
NON-HSC HOSPITALS TOTAL	85	325	415,143.45	1277.36	.023	4884.04		29.10
ACCOMMODATIONS	83	325	133,783.99	411.64	.023	1611.86		9.38
ADMINISTRATIVE DAYS	0	0	.00		.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	83	325	133,783.99	411.64	.023	1611.86		9.38
ANCILLARIES	85	0	281,359.46		.000	3310.11		19.73
INPATIENT CROSSOVERS	4	16	2,879.48	179.97	.001	719.87		.20
ALL OTHER INPATIENT	0	0	.00		.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	2,317	9,218	284,134.42	30.82	.646	122.63		19.92
MEDICAL	1,172	1,520	75,103.26		.107	64.08		5.27
SURGERY	104	107	6,938.61	64.85	.008	66.72		.49
PATHOLOGY	929	3 , 635	44,407.62	12.22	.255	47.80		3.11
RADIOLOGY	632	881	60,997.45	69.24	.062	96.51		4.28
ROOM USE	1,367	1,816	76,838.12	42.31	.127	56.21		5.39
CROSSOVERS/ALL OTH OUTPTNT	622	1,259	19,849.36		.088	31.91		1.39
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	4	27 \$	632.08		.002 \$	158.02	\$.04
HOSPITAL BASED	4	27	632.08	23.41	.002	158.02		.04
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	359	867 \$	15,961.54	\$ 18.41	.061 \$		\$	1.12
PATHOLOGY	358	865	15,901.29	18.38	.061	44.42		1.11
XO AND OTHERS	1	2	60.25	30.13	.000	60.25		.00
@ORGANIZED OUTPATIENT CLINIC	1,525	2,294 \$	278,743.51	\$ 121.51	.161 \$	182.78	\$	19.54
CLINIC	35	148	4,519.83	30.54	.010	129.14		.32
SURGICENTER	13	97	3,167.55		.007	243.66		.22
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	1,481	2,049	271,056.13	132.29	.144	183.02		19.00
#CALIF DEPT OF HEALTH SERV	•	AND EXPENDITURES	MONTH-OF-PAYMENT		2002 THRU DEC	2002	Ρž	AGE 776
MOP024	FEE-FOR-SERVICE/D	ENTAL						01/17/03
AMADOR COUNTY	SUMMARY OF SERVIC	ES FOR 42 MEDICA	LLY NEEDY - FAMILI	ES				

						MO	NTHLY AVERA	.GE	
14,264 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COSI	r per
		OR DAYS OF CAR	€		PER UNIT/DAY	PER ELIG	USER	ELIC	GIBLE
@ALL OTHER PROVIDERS	873	7,724	\$	68,384.72	\$ 8.85	.542	\$ 78.33	\$	4.79
DURABLE MED. EQUIP.	26	107		4,584.66	42.85	.008	176.33		.32
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	87	1,661		25,738.19	15.50	.116	295.84		1.80
AMBULANCES/AIR TRANS	82	1,503		21,674.59	14.42	.105	264.32		1.52
OTHER TRANS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	7	158		4,063.60	25.72	.011	580.51		.28
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	41	41		3,075.00	75.00	.003	75.00		.22
IHMC, MODEL-NF, NF, AIDS, MSSP	1	6		272.58	45.43	.000	272.58		.02
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	118	247		2,322.48	9.40	.017	19.68		.16
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	14	32		7,077.25	221.16	.002	505.52		.50
PROSTHETICS	7	25		6,618.90	264.76	.002	945.56		.46
ORTHOTICS	7	7		458.35	65.48	.000	65.48		.03
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	573	2,548		23,205.83	9.11	.179	40.50		1.63
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	19	3,082		2,108.73	.68	.216	110.99		.15
@CALIF. CHILDREN SERVICES*	64	502	\$	285,969.88	\$ 569.66	.035	\$ 4468.28	\$ 2	20.05
@XOVER EXCLUDING STATE HOSP**	23	263	\$	4,365.96	\$ 16.60	.018	\$ 189.82	\$.31
@* TOTALS IN THESE LINES ARE GI	VEN AS A SEPA	RATE INFORMATION	ITEM	ONLY;					
THE AMOUNTS ARE ALREADY INCL	UDED IN THE A	PPROPRIATE DETAIL	LINE	ES ABOVE.					

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 777 01/17/03 MOP024 FEE-FOR-SERVICE/DENTAL AMADOR COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

					MOI	NTHLY AVERA	GE
17,635 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	10,281	112,115	\$ 7,060,619.19	\$ 62.98	6.358	686.76	\$ 400.38
@PHYSICIANS SERVICES	2,781	8,871	\$ 336,065.15	\$ 37.88	.503	120.84	\$ 19.06
OUTPATIENT VISITS	1,481	2,050	73,956.27	36.08	.116	49.94	4.19
OFFICE VISITS	1 , 256	1,618	52,958.72	32.73	.092	42.16	3.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	88	100	5,238.55	52.39	.006	59.53	.30
PREVENTIVE CARE	4	4	159.93	39.98	.000	39.98	.01
OB VISITS/COMPRE PERI	121	261	13,722.93	52.58	.015	113.41	.78
OTHER OUTPATIENT	55	67	1,876.14	28.00	.004	34.11	.11
INPATIENT VISITS	145	542	42,027.76	77.54	.031	289.85	2.38
HOSPITAL VISITS	125	299	13,537.37	45.28	.017	108.30	.77
CRITICAL CARE	22	235	28,186.09	119.94	.013	1281.19	1.60
SNF/ICF/TRANS IP CARE	7	8	304.30	38.04	.000	43.47	.02
OPHTHALMOLOGICAL SERVICES	2	3	130.23	43.41	.000	65.12	.01

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	2	3	130.23	43.41	.000	65.1	2	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.0	0	.00
INPATIENT HOSPITAL SURGERY	170	1,612	72,587.69	45.03	.091	426.9	9	4.12
PRINCIPAL SURGEON	97	111	54,619.35	492.07	.006	563.0	9	3.10
ASSISTANT SURGEON	25	25	3,950.18	158.01	.001	158.0	1	.22
ANESTHESIOLOGIST	75	1,476	14,018.16	9.50	.084	186.9	1	.79
OUTPATIENT SURGERY	270	860	57,692.09	67.08	.049	213.6	7	3.27
PRINCIPAL SURGEON	215	282	44,955.85	159.42	.016	209.1	0	2.55
ASSISTANT SURGEON	1	1	146.22	146.22	.000	146.2	2	.01
ANESTHESIOLOGIST	92	577	12,590.02	21.82	.033	136.8	5	.71
DIALYSIS	0	0	.00	.00	.000	.0		.00
PATHOLOGY	228	347	8,174.74	23.56	.020	35.8	5	.46
RADIOLOGY	710	1,105	29,924.14	27.08	.063	42.1	5	1.70
PSYCHIATRY	0	0	.00	.00	.000	.0	0	.00
IMMUNIZATION AND INJECTION	67	223	6,015.39	26.97	.013	89.7	8	.34
OTHER SERVICES/ALL X-OVERS	650	2,129	45,556.84	21.40	.121	70.0	9	2.58
@ PHARMACY	6 , 313	27,214	\$ 1,249,220.27	\$ 45.90	1.543	\$ 197.8	8 \$	70.84
PRESCRIPTION DRUGS	6 , 276	21,228	1,234,568.11	58.16	1.204	196.7	1	70.01
SNF/ICF	966	6,236	339,152.41	54.39	.354	351.0	9	19.23
OUTPATIENTS	5,320	14,992	895,415.70	59.73	.850	168.3	1	50.77
MEDICAL SUPPLIES	165	5 , 986	14,652.16	2.45	.339	88.8	0	.83
@DENTIST	805	3 , 682	\$ 172 , 720.68			\$ 214.5	6 \$	9.79
VISITS - DIAGNOSTIC	525	2,047	32,169.45	15.72		61.2		1.82
ORAL SURGERY	101	306	18,613.60	60.83	.017	184.2	9	1.06
DRUGS	10	12	130.00	10.83		13.0		.01
ANESTHESIA	8	8	800.00	100.00		100.0	0	.05
PERIODONTICS	26	27	4,155.00	153.89		159.8	1	.24
ENDODONTICS	75	133	21,228.00	159.61	.008	283.0	4	1.20
RESTORATIVE DENTISTRY	276	928	67,294.50	72.52	.053	243.8	2	3.82
PROSTHETICS	2	2	60.00	30.00		30.0	0	.00
DENTURES, STAYPLATES	57	160	22,419.00	140.12		393.3		1.27
SPACE MAINTAINERS	4	6	684.00	114.00	.000	171.0	0	.04

MAXILLOFACIAL SERVICES	5	6	482.13	80.36	.000	96.43	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	23	35	4,435.00	126.71	.002	192.83	.25
ALL OTHER SERVICES	9	12	250.00	20.83	.001	27.78	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE 778
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ					01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FO	OR 43 MEDICAI	LLY NEEDY				

AMADOR COUNTY	SUMMARY OF SER	VICES FOR 43 MED.	LCALL	Y NEEDY			3.4	~ > 7.07		~ =	
17 625 71 767777			_		3.7.7		M(GE	
17,635 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
0.0000000000000000000000000000000000000	0.00	OR DAYS OF CAR		17 000 00		R UNIT/DAY			USER	Ġ	ELIGIBLE
@OPTOMETRIST	289	685	\$	17,009.28	\$.039	Ş	58.86	Ş	.96
DIAGNOSTIC AND ANC. PROCED	185	185		7,727.43		41.77	.010		41.77		.44
EYE APPLIANCES	168	456		8,145.62		17.86	.026		48.49		.46
OTHER OPTOMETRIC SERVICES	42	44		1,136.23		25.82	.002		27.05		.06
@CHIROPRACTOR	20	32	\$		\$.002	Ş		Ş	.03
VISITS	20	32		497.42		15.54	.002		24.87		.03
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST_	233	254	\$	•	\$.014	Ş		Ş	.17
MEDICINE/INJECTIONS	17	18		697.80		38.77	.001		41.05		.04
SURGERY/ANES.	6	11		250.10		22.74	.001		41.68		.01
RADIO./PATHOLOGY	2	2		34.60		17.30	.000		17.30		.00
OTHER	211	223		2,000.89		8.97	.013		9.48		.11
@HOME HEALTH AGENCY	16	935	\$		\$	30.91	.053		1806.09		1.64
NURSE ANESTHESIST	4	32	\$			3.36	.002		26.89		.01
NURSE MIDWIFE	3	18 2 1 11,152	\$	596.75	\$	33.15	.001		198.92		.03
PEDIATRIC NURSE PRACTITIONER		2	\$	41.20	\$	20.60	.000		20.60		.00
FAMILY NURSE PRACTITIONER	1	1	\$	75.17	\$.000		75.17		.00
@TOTAL HOSPITAL	2 , 579	11,152	\$	1,192,298.19	\$	106.91	.632	\$	462.31	\$	67.61
HOSP INPATIENT TOTAL	165	860		881,615.86		1025.13	.049		5343.13		49.99
HSC HOSPITALS	41	348		425,733.22		1223.37	.020		10383.74		24.14
NON-HSC HOSPITAL TOTAL	88	335		429,224.97		1281.27	.019		4877.56		24.34
ACCOMMODATIONS	86	335		138,286.42		1025.13 1223.37 1281.27 412.80	.019		1607.98		7.84
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	86	335		138,286.42		412.80	.019		1607.98		7.84
ANCILLARIES	88	0		290,938.55		.00	.000		3306.12		16.50
INPATIENT CROSSOVERS	37	177		26,657.67		150.61	.010		720.48		1.51
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,474	10,292		310,682.33		30.19	.584		125 58		17.62
MEDICAL	1,209	1,581		78,506.31		49.66	.090		64.93		4.45
SURGERY	115	116		7,633.21		65.80	.007		66.38		.43
PATHOLOGY	1,001	4,020		48,523.81		12.07	.228		48.48		2.75
RADIOLOGY	671	950		66,056.67		69.53	.054		98.45		3.75
ROOM USE	1,408	1,889		80,882.38		42.82	.107		57.44		4.59
CROSSOVERS/ALL OTH OUTPTNT		1,736		29,079.95		16.75	.098		41.31		1.65
@COUNTY HOSPITAL TOTAL	16	64	\$		\$.004	Ś		Ś	.16
CO HOSPITAL INPATIENT TOTAL		27	Y	1,624.00	۲	60.15	.002	۲	812.00	Ψ	.09
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ANCILLARIES	2	27		1,624.00		60.15	.000		812.00		.00
INPATIENT CROSSOVERS	0	0		1,624.00		.00	.002		.00		.09
ALL OTHER INPATIENT	U	U		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	14	37	1,251.21	33.82	.002	89.37	.07	
MEDICAL	4	5	347.90	69.58	.000	86.98	.02	
SURGERY	2	2	30.33	15.17	.000	15.17	.00	
PATHOLOGY	5	16	247.03	15.44	.001	49.41	.01	
RADIOLOGY	6	8	206.85	25.86	.000	34.48	.01	
ROOM USE	4	5	333.00	66.60	.000	83.25	.02	
CROSSOVERS/ALL OTH OUTPTNT	1	1	86.10	86.10	.000	86.10	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT REPOR	RT FOR JAN 2	002 THRU DEC	2002	PAGE 779)
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/17/03	3
AMADOR COUNTY	SUMMARY OF SERVICES 1	FOR 43 MEDICAI	LLY NEEDY					
					MONT	HLY AVERAG	E	
17 COE ELICIPIEC	HORDO HINTER	C OF CEDIATOR	EADENDIMIDEC V	TEDACE COCH I	INITEC/DAVC	COCH DED	COCH DED	

AMADOR COUNTY	SUMMARY OF SER	VICES FOR 43 MED	ICALLY	NEEDY					
						MO	NTHLY AVERA	GE	
17,635 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,568	11,088	\$	1,189,422.98	\$ 107.27	.629	\$ 463.17	\$	67.45
COMM HOSP INPATIENT TOTAL	163	833		879,991.86	1056.41	.047	5398.72		49.90
HSC HOSPITALS	41	348		425,733.22	1223.37	.020	10383.74		24.14
NON-HSC HOSPITALS TOTAL	88	335		429,224.97	1281.27	.019	4877.56		24.34
ACCOMMODATIONS	86	335		138,286.42	412.80	.019	1607.98		7.84
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	86	335		138,286.42	412.80	.019	1607.98		7.84
ANCILLARIES	88	0		290,938.55	.00	.000	3306.12		16.50
INPATIENT CROSSOVERS	35	150		25,033.67	166.89	.009	715.25		1.42
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	2,465	10,255		309,431.12	30.17	.582	125.53		17.55
MEDICAL	1,205	1,576		78,158.41	49.59	.089	64.86		4.43
SURGERY	113	114		7,602.88	66.69	.006	67.28		.43
PATHOLOGY	996	4,004		48,276.78	12.06	.227	48.47		2.74
RADIOLOGY	667	942		65,849.82	69.90	.053	98.73		3.73
ROOM USE	1,406	1,884		80,549.38	42.75	.107	57.29		4.57
CROSSOVERS/ALL OTH OUTPTNT	703	1,735		28,993.85	16.71	.098	41.24		1.64
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	1,103	35,722	\$	3,602,881.26	\$ 100.86	2.026	\$ 3266.44	\$	204.30
LEV A-INTERMEDIATE	. 0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	1	139		73,946.45	531.99	.008	73946.45		4.19
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	1,102	35,583		3,528,934.81	99.17	2.018	3202.30		200.11
@INTERMEDIATE CARE FACILDD	. 0	. 0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	4	27	\$	632.08	\$ 23.41	.002	\$ 158.02	\$.04
HOSPITAL BASED	4	27		632.08	23.41	.002	158.02	•	.04
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	387	913	\$	16,864.74	\$ 18.47	.052	\$ 43.58	\$.96
PATHOLOGY	372	893	•	16,529.48	18.51	.051	44.43		.94
XO AND OTHERS	15	20		335.26	16.76	.001	22.35		.02
@ORGANIZED OUTPATIENT CLINIC	1,791	2,700	\$	311,781.44	\$ 115.47	.153		\$	17.68
CLINIC	36	149	•	4,547.84	30.52	.008	126.33		.26
				,					

16 108 3,734.59 34.58 .006 233.41 .21 SURGICENTER .00 HEROIN DETOX CLINIC 0 0 .00 .000 .00 .00 1,743 2,443 303,499.01 124.23 .139 174.12 17.21 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 780 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

AMADON COUNTI	SOMMANT OF SER	CVICES FOR 45 MEI	ЛІСАЦ	111 111	IEDI					~-	
							MO			-	
17,635 ELIGIBLES	USERS	UNITS OF SERVIC			EXPENDITURES		UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CAR				UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,230	19 , 875	\$		127,947.22	\$ 6.44	1.127	\$	104.02	\$	7.26
DURABLE MED. EQUIP.	43	289			13,322.11	46.10	.016		309.82		.76
BLOOD BANK	0	0			.00	.00	.000		.00		.00
HEARING AID DISPENSERS	3	5			2,279.12	455.82	.000		759.71		.13
MEDICAL TRANSPORTATION	182	2,998			33,103.74	11.04	.170		181.89		1.88
AMBULANCES/AIR TRANS	84	1,508			21,929.45	14.54	.086		261.06		1.24
OTHER TRANS	15	173			651.58	3.77	.010		43.44		.04
OTHER SERVICES	88	1,317			10,522.71	7.99	.075		119.58		.60
ACUPUNCTURE	0	0			.00	.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00	.00	.000		.00		.00
GENETIC DISEASE TESTING	41	41			3,075.00	75.00	.002		75.00		.17
IHMC, MODEL-NF, NF, AIDS, MSSP	20	78			5,954.42	76.34	.004		297.72		.34
OCCUPATIONAL THERAPIST	0	0			.00	.00	.000		.00		.00
OPTICIAN	167	363			3,573.55	9.84	.021		21.40		.20
PHYSICAL THERAPIST	0	0			.00	.00	.000		.00		.00
PORTABLE X-RAY	0	0			.00	.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	19	44			9,147.47	207.90	.002		481.45		.52
PROSTHETICS	11	35			8,571.47	244.90	.002		779.22		.49
ORTHOTICS	9	9			576.00	64.00	.001		64.00		.03
PSYCHOLOGIST	8	9			50.83	5.65	.001		6.35		.00
SPEECH AND AUDIOLOGY	7	27			1,607.07	59.52	.002		229.58		.09
HOSPICE SERVICES	11	195			20,103.76	103.10	.011		1827.61		1.14
NONINST BIRTHING CENTERS	0	0			.00	.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	581	2,918			24,743.64	8.48	.165		42.59		1.40
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0			.00	.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00	.00	.000		.00		.00
ALL OTHER PROVIDERS	177	12,908			10,986.51	.85	.732		62.07		.62
@CALIF. CHILDREN SERVICES*	64	502	\$		285,969.88	\$ 569.66	.028	\$	4468.28	\$	16.22
@XOVER EXCLUDING STATE HOSP*	* 882	9,569	\$		134,060.82	\$ 14.01	.543	\$	152.00	\$	7.60

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

AMADOR COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 781 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

AMADOR COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

						MON	ITHLY AVERA	GE
712 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	€		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	323	12,887	\$	127,119.80	\$ 9.86	18.100 \$	393.56	\$ 178.54
@PHYSICIANS SERVICES	104	429	\$	11,887.91	\$ 27.71	.603 \$	114.31	\$ 16.70
OUTPATIENT VISITS	62	82		3 , 517.17	42.89	.115	56.73	4.94
OFFICE VISITS	46	61		2,168.44	35.55	.086	47.14	3.05
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	7	8		379.99	47.50	.011	54.28	.53
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	8	11		928.60	84.42	.015	116.08	1.30

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	2	2		40.14	20.07	.003	20.07		.06
INPATIENT VISITS	12	51		2,578.22	50.55		214.85		3.62
HOSPITAL VISITS	11	49		2,323.95	47.43		211.27		3.26
CRITICAL CARE	2	2		254.27	127.14		127.14		.36
SNF/ICF/TRANS IP CARE	0	0		.00	.00		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00		.00		.00
EXAMINATIONS	0	0		.00	.00		.00		.00
SERVICES AND MATERIALS	0	0		.00	.00		.00		.00
INPATIENT HOSPITAL SURGERY	6	31		1,726.55	55.70		287.76		2.42
PRINCIPAL SURGEON	3	4		1,082.92	270.73		360.97		1.52
ASSISTANT SURGEON	0	0		.00	.00		.00		.00
ANESTHESIOLOGIST	4	27		643.63	23.84		160.91		.90
OUTPATIENT SURGERY	9	35		1,373.32	39.24		152.59		1.93
PRINCIPAL SURGEON	8	9		1,009.47	112.16		126.18		1.42
ASSISTANT SURGEON	0	0		.00	.00		.00		.00
ANESTHESIOLOGIST	3	26		363.85	13.99		121.28		.51
DIALYSIS	0	0		.00	.00		.00		.00
PATHOLOGY	11	14		153.99	11.00		14.00		.22
RADIOLOGY	32	60		1,385.04	23.08		43.28		1.95
PSYCHIATRY	1	1		34.16	34.16		34.16		.05
IMMUNIZATION AND INJECTION	2	5		30.01	6.00		15.01		.04
OTHER SERVICES/ALL X-OVERS	18	150		1,089.45	7.26		60.53		1.53
@PHARMACY	158	1,201	\$	14,734.63				Ś	20.69
PRESCRIPTION DRUGS	149	280	7	13,560.52	48.43		91.01	Τ.	19.05
SNF/ICF	0	0		.00	.00		.00		.00
OUTPATIENTS	149	280		13,560.52	48.43		91.01		19.05
MEDICAL SUPPLIES	9	921		1,174.11	1.27		130.46		1.65
@DENTIST	34	150	\$		\$ 27.60			Ś	5.81
VISITS - DIAGNOSTIC	29	116	7	1,809.00	15.59		62.38	Τ.	2.54
ORAL SURGERY	3	6		630.00	105.00		210.00		.88
DRUGS	1	1		15.00	15.00		15.00		.02
ANESTHESIA	1	1		100.00	100.00		100.00		.14
PERIODONTICS	1	1		55.00	55.00		55.00		.08
ENDODONTICS	2	2		142.00	71.00		71.00		.20
RESTORATIVE DENTISTRY	8	21		1,354.00	64.48		169.25		1.90
PROSTHETICS	0	0		.00	.00		.00		.00
DENTURES, STAYPLATES	0	0		.00	.00		.00		.00
SPACE MAINTAINERS	0	0		.00	.00		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00		.00		.00
ORTHODONTIC SERVICES	2	2		35.00	17.50		17.50		.05
ALL OTHER SERVICES	0	0		.00	.00		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	JRES M					Р	AGE 782
MOP024	FEE-FOR-SERVICE/DENT								01/17/03

AMADOR COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

							MC	NTI	HLY AVERA	GE	
712 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS OF CAR	2		PEF	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	5	11	\$	335.07	\$	30.46	.015	\$	67.01	\$.47
DIAGNOSTIC AND ANC. PROCED	3	3		142.35		47.45	.004		47.45		.20
EYE APPLIANCES	2	6		85.70		14.28	.008		42.85		.12
OTHER OPTOMETRIC SERVICES	2	2		107.02		53.51	.003		53.51		.15
@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.001	\$	16.72	\$.02
VISITS	1	1		16.72		16.72	.001		16.72		.02
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	ċ	.00	ċ	.00	.000	Ś	.00	ċ	.00
NURSE ANESTHESIST	0	0	ې د	.00	ب د	.00	.000	\$.00	ې خ	.00
NURSE MIDWIFE	0	0	Ċ	.00	ب د	.00	.000	۶ S	.00	ç	.00
PEDIATRIC NURSE PRACTITIONER	0	0	ب خ	.00	د خ	.00	.000	۲	.00	۲	.00
FAMILY NURSE PRACTITIONER	0	0	ې د	.00	ب خ	.00	.000	\$.00	ې خ	.00
@TOTAL HOSPITAL	93	491	ب خ	75,335.40	ڊ خ	153.43	.690	ş S	810.06	۶ \$	105.81
HOSP INPATIENT TOTAL	10	40	Ą	61,412.95	ې	1535.43	.056	Ą	6141.30	Ą	86.25
HSC HOSPITALS	10	40		•					2366.67		9.97
NON-HSC HOSPITAL TOTAL	3	33		7,100.00		1014.29	.010		7758.99		76.28
ACCOMMODATIONS	7	33		54,312.95		1645.85 501.16	.046		2362.62		23.23
	7	33		16,538.31							
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	U	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	/	33		16,538.31		501.16	.046		2362.62		23.23
ANCILLARIES	/	0		37,774.64		.00	.000		5396.38		53.05
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	86	451		13,922.45		30.87	.633		161.89		19.55
MEDICAL	46	63		4,377.20		69.48	.088		95.16		6.15
SURGERY	3	3		102.69		34.23	.004		34.23		.14
PATHOLOGY	41	196		2,481.89		12.66	.275		60.53		3.49
RADIOLOGY	33	56		2,473.02		44.16	.079		74.94		3.47
ROOM USE	51	70		3,116.35		44.52	.098		61.10		4.38
CROSSOVERS/ALL OTH OUTPTNT	34	63		1,371.30		21.77	.088		40.33		1.93
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES N	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE 783
MOP024	FEE-FOR-SERVICE/DENTA	.L					01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES F	OR 44 MIC - NO	O SOC 03 04 2A 45 4A 4K	4M 5K 7T	82		

----- MONTHLY AVERAGE -----

						NIHLY AVERA		
712 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				ST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER		IGIBLE
@COMMUNITY HOSPITAL TOTAL	93	491	\$ 75 , 335.40	\$ 153.43	.690		\$ 1	105.81
COMM HOSP INPATIENT TOTAL	10	40	61,412.95	1535.32	.056	6141.30		86.25
HSC HOSPITALS	3	7	7,100.00	1014.29	.010	2366.67		9.97
NON-HSC HOSPITALS TOTAL	7	33	54,312.95	1645.85	.046	7758.99		76.28
ACCOMMODATIONS	7	33	16,538.31	501.16	.046	2362.62		23.23
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	7	33	16,538.31	501.16	.046	2362.62		23.23
ANCILLARIES	7	0	37,774.64	.00	.000	5396.38		53.05
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	86	451	13,922.45	30.87	.633	161.89		19.55
MEDICAL	46	63	4,377.20	69.48	.088	95.16		6.15
SURGERY	3	3	102.69	34.23	.004	34.23		.14
PATHOLOGY	41	196	2,481.89	12.66	.275	60.53		3.49
RADIOLOGY	33	56	2,473.02	44.16	.079	74.94		3.47
ROOM USE	51	70	3,116.35	44.52	.098	61.10		4.38
CROSSOVERS/ALL OTH OUTPTNT	34	63	1,371.30	21.77	.088	40.33		1.93
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00

INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	21	96 \$	1,695.29	\$	17.66	.135	\$	80.73	\$	2.38
PATHOLOGY	21	96	1,695.29)	17.66	.135		80.73		2.38
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	30	41 \$	5,814.88	\$	141.83	.058	\$	193.83	\$	8.17
CLINIC	0	0	.00		.00	.000		.00		.00
SURGICENTER	0	0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	30	41	5,814.88		141.83	.058		193.83		8.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2002	THRU	DEC 2	2002	PAGE	784
MOP024	FEE-FOR-SERVICE/DENTAI								01	1/17/03

----- MONTHLY AVERAGE -----

AMADOR COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

712 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
712 111011110	онцо	OR DAYS OF CARE	DMIDNDITORDO	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	43	10,467 \$	13,159.90	\$ 1.26	14.701 \$		-
DURABLE MED. EQUIP.	2	3	135.24	45.08	.004	67.62	.19
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	324	1,894.79	5.85	.455	270.68	2.66
AMBULANCES/AIR TRANS	7	324	1,894.79	5.85	.455	270.68	2.66
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4	420.00	105.00	.006	105.00	.59
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	33.28	8.32	.006	16.64	.05
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	53.93	26.97	.003	53.93	.08
PROSTHETICS	1	1	9.85	9.85	.001	9.85	.01
ORTHOTICS	1	1	44.08	44.08	.001	44.08	.06
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10	789	4,657.61	5.90	1.108	465.76	6.54
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	19	9,341	5,965.05	.64	13.119	313.95	8.38
@CALIF. CHILDREN SERVICES*	0	4CR \$	58.18	\$ 14.55CR	.006CR\$.00	•
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 785
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
AMADOR COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

						MOI	NTHLY AVERA	GE .	
14 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CAR	E		PER UNIT/DA	Y PER ELIG	USER]	ELIGIBLE
@TOTAL, ALL PROVIDERS	28	175	\$	9,056.55	\$ 51.75	12.500	\$ 323.45	\$	646.90
APHYSICIANS SERVICES	6	15	Ś	593 44	\$ 39.56	1 071 9	3 98 91	Ś	42 39

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	2	2		165.28		2.64	.143	82.64		11.81
OFFICE VISITS	1	1		57.20	5	7.20	.071	57.20		4.09
HOME VISITS	0	0		.00		.00	.000	.00		.00
EMERGENCY ROOM	1	1		108.08	10	18.08	.071	108.08		7.72
PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000	.00		.00
INPATIENT VISITS	1	5		269.81	5	3.96	.357	269.81		19.27
HOSPITAL VISITS	1	5		269.81	5	3.96	.357	269.81		19.27
CRITICAL CARE	0	0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00		.00
EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	1	6		15.49		2.58	.429	15.49		1.11
RADIOLOGY	1	1		6.92		6.92	.071	6.92		.49
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		135.94		5.94	.071	135.94		9.71
@PHARMACY	3	3	\$	42.42		4.14	.214		\$	3.03
PRESCRIPTION DRUGS	3	3		42.42	1	4.14	.214	14.14		3.03
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	3	3		42.42	1	4.14	.214	14.14		3.03
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	2	5	\$	115.00		3.00	.357		\$	8.21
VISITS - DIAGNOSTIC	2	4		70.00		7.50	.286	35.00		5.00
ORAL SURGERY	1	1		45.00	4	5.00	.071	45.00		3.21
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	_	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	S MON	TH-OF-PAYMENT R	REPORT FO	OR JAN 2	2002 THRU D	EC 2002	P	AGE 786
MOP024	FEE-FOR-SERVICE		000			3 T D . C C	NDE .			01/17/03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 45 MIC -	- SOC			AID CO		NIMILI X 217002	C.E.	
14 81 1618186	HODDO	INITED OF CERTIFICE		EVDENDIEUDEC	7170070	TE 000E		NTHLY AVERA		
14 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
8 O DECOMPED I CE	0	OR DAYS OF CARE	ċ	0.0			PER ELIG			ELIGIBLE
@OPTOMETRIST	0	0	\$.00	Ş	.00	.000	•	Ą	.00
DIAGNOSTIC AND ANC. PROCED	U	U		.00		.00	.000	.00		.00

EYE APPLIANCES	0	0	.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000	.00		.00
OTHER SERVICES	0	0	.00		.00	.000	.00		.00
@PODIATRIST	0	0 \$		\$.00			\$.00
MEDICINE/INJECTIONS	0	0	.00	·	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00		.00
OTHER	0	0	.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000	\$.00	\$.00
	0	0 Ş 0 \$		\$			•	\$	
NURSE ANESTHESIST	0	0 ş	.00	ې د	.00	.000	\$.00		.00
NURSE MIDWIFE	0	0 \$.00	Ş	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	•		.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	17	78 \$, , = 00.00	\$	92.09	5.571	\$ 422.55	\$	513.09
HOSP INPATIENT TOTAL	2	5	4,900.51		980.10	.357	2450.26		350.04
HSC HOSPITALS	1	4	4,840.00	-	1210.00	.286	4840.00		345.71
NON-HSC HOSPITAL TOTAL	1	1	60.51		60.51	.071	60.51		4.32
ACCOMMODATIONS	1	1	48.51		48.51	.071	48.51		3.47
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	1	1	48.51		48.51	.071	48.51		3.47
ANCILLARIES	1	0	12.00		.00	.000	12.00		.86
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	16	73	2,282.79		31.27	5.214	142.67		163.06
MEDICAL	11	15	433.86		28.92	1.071	39.44		30.99
SURGERY	1	1	14.20		14.20	.071	14.20		1.01
PATHOLOGY	8	28	287.65		10.27	2.000	35.96		20.55
	4	8	976.66		122.08	.571	244.17		69.76
RADIOLOGY	10								
ROOM USE	- *	10	450.29		45.03	.714	45.03		32.16
CROSSOVERS/ALL OTH OUTPTNT	6	11	120.13		10.92	.786	20.02		8.58
@COUNTY HOSPITAL TOTAL	0	0 \$		\$.00	.000		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
MEDICAL	0	0	.00		.00	.000	.00		.00
SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
	0	0	.00			.000	.00		.00
RADIOLOGY	0	0	.00		.00	.000	.00		.00
ROOM USE	0	0							
CROSSOVERS/ALL OTH OUTPINT		O AND EXPENDENCE	.00		.00	.000	.00	T) =	.00
		ES AND EXPENDITURES	MONTH-OF-PAYMEN'I' F	KEPORT	FUK JAN	ZUUZ THKU I	JEC 2002	PΑ	GE 787
MOP024	FEE-FOR-SERVICE		~~~						01/17/03
AMADOR COUNTY									
							ONTHLY AVERA		
14 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVEI	RAGE COSI	T UNITS/DAYS	S COST PER	С	OST PER

		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER	Ε	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	17	78	\$ 7,183.30	\$	92.09	5.571	\$ 422.55	\$	513.09
COMM HOSP INPATIENT TOTAL	2	5	4,900.51		980.10	.357	2450.26		350.04
HSC HOSPITALS	1	4	4,840.00		1210.00	.286	4840.00		345.71
NON-HSC HOSPITALS TOTAL	1	1	60.51		60.51	.071	60.51		4.32
ACCOMMODATIONS	1	1	48.51		48.51	.071	48.51		3.47
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	1	1	48.51		48.51	.071	48.51		3.47
ANCILLARIES	1	0	12.00		.00	.000	12.00		.86
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	16	73	2,282.79		31.27	5.214	142.67		163.06
MEDICAL	11	15	433.86		28.92	1.071	39.44		30.99
SURGERY	1	1	14.20		14.20	.071	14.20		1.01
PATHOLOGY	8	28	287.65		10.27	2.000	35.96		20.55
RADIOLOGY	4	8	976.66		122.08	.571	244.17		69.76
ROOM USE	10	10	450.29		45.03	.714	45.03		32.16
CROSSOVERS/ALL OTH OUTPTNT	6	11	120.13		10.92	.786	20.02		8.58
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
LEV B-REGULAR	0	0	.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000	.00		.00
ICF DD	0	0	.00		.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	3	\$	54.38	\$	18.13	.214	\$	27.19	\$	3.88
PATHOLOGY	2	3		54.38		18.13	.214		27.19		3.88
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	65.00	\$.00	.000	\$.00	\$	4.64
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		65.00		.00	.000		.00		4.64
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE	S MONTH-O	F-PAYMENT RI	EPORT	FOR JAN 20	02 THRU	DEC	2002	PAG	GE 788
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	45 MIC -	SOC			AID COD	E				

14 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	71 \$	1,003.01	\$ 14.13	5.071 \$	200.60	\$ 71.64
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	69	983.35	14.25	4.929	245.84	70.24
AMBULANCES/AIR TRANS	4	69	983.35	14.25	4.929	245.84	70.24
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	19.66	9.83	.143	19.66	1.40
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	1 \$	748.65	\$ 748.65	.071 \$	748.65	\$ 53.48
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

MOP024

THE IDOIC COUNTY	DOIMMIN OF BEIN	VICES FOR TO PEDICE.	BBI INDIGENI CHIEDI	(DIV	MON'	THIV AVERA	2F
726 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
720 EDIGIDDES	ODERO	OR DAYS OF CARE	EXTENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	351	13,062 \$	136,176.35	\$ 10.43	17.992 \$		
@PHYSICIANS SERVICES	110	444 \$	12,481.35	\$ 28.11	.612 \$		
OUTPATIENT VISITS	64	84	3,682.45	43.84	.116	57.54	5.07
			•				
OFFICE VISITS	47	62	2,225.64	35.90	.085	47.35	3.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	9	488.07	54.23	.012	61.01	.67
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	8	11	928.60	84.42	.015	116.08	1.28
OTHER OUTPATIENT	2	2	40.14	20.07	.003	20.07	.06
INPATIENT VISITS	13	56	2,848.03	50.86	.077	219.08	3.92
HOSPITAL VISITS	12	54	2 , 593.76	48.03	.074	216.15	3.57
CRITICAL CARE	2	2	254.27	127.14	.003	127.14	.35
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	31	1,726.55	55.70	.043	287.76	2.38
PRINCIPAL SURGEON	3	4	1,082.92	270.73	.006	360.97	1.49
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	27	643.63	23.84	.037	160.91	.89
OUTPATIENT SURGERY	9	35	1,373.32	39.24	.048	152.59	1.89
PRINCIPAL SURGEON	8	9	1,009.47	112.16	.012	126.18	1.39
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	26	363.85	13.99	.036	121.28	.50
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	12	20	169.48	8.47	.028	14.12	.23
RADIOLOGY	33	61	1,391.96	22.82	.084	42.18	1.92
PSYCHIATRY	1	1	34.16	34.16	.001	34.16	.05
IMMUNIZATION AND INJECTION	2	5	30.01	6.00	.007	15.01	.04
OTHER SERVICES/ALL X-OVERS	19	151	1,225.39	8.12	.208	64.49	1.69
@PHARMACY	161	1,204 \$			1.658 \$		
PRESCRIPTION DRUGS	152	283	13,602.94	48.07	.390	89.49	18.74
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	152	283	13,602.94	48.07	.390	89.49	18.74
MEDICAL SUPPLIES	9	921	1,174.11	1.27	1.269	130.46	1.62
@DENTIST	36	155 \$	4,255.00	\$ 27.45	.213 \$		
VISITS - DIAGNOSTIC	31	120	1,879.00	15.66	.165	60.61	2.59
ORAL SURGERY	4	7	675.00	96.43	.010	168.75	.93
DRUGS	1	1	15.00	15.00	.001	15.00	.02
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.14
PERIODONTICS	1	1	55.00	55.00	.001	55.00	.08
ENDODONTICS	2	2	142.00	71.00	.003	71.00	.20
RESTORATIVE DENTISTRY	8	21	1,354.00	64.48	.029	169.25	1.87
	0	0					.00
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	· ·	•	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	35.00	17.50	.003	17.50	.05
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	MONTH-OF-PAYMENT F	KEPOKT FOR JAN	ZUUZ THRU DE(2002	PAGE 790 01/17/03
MUPUZ4	FEE-FOR-SERVIC	F. / DEINTAL					U1/1/U3

FEE-FOR-SERVICE/DENTAL

01/17/03

AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 46 MEDI	CALLY	INDIGENT CHILDRE	ΞN		3.6	^ · · · ·		~ =	
706 71 707777					7.7.		M(GE	
726 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
	_	OR DAYS OF CARE		00-0-		R UNIT/DAY			USER	_	ELIGIBLE
@OPTOMETRIST	5	11	\$	335.07	\$	30.46	.015	Ş	67.01	Ş	.46
DIAGNOSTIC AND ANC. PROCED	3	3		142.35		47.45	.004		47.45		.20
EYE APPLIANCES	2	6		85.70		14.28	.008		42.85		.12
OTHER OPTOMETRIC SERVICES	2	2		107.02		53.51	.003		53.51		.15
@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.001	\$	16.72	\$.02
VISITS	1	1		16.72		16.72	.001		16.72		.02
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
	-	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	ې د				.000				
FAMILY NURSE PRACTITIONER		-	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	110	569	\$	82,518.70	Þ	145.02	.784	Þ	750.17	\$	113.66
HOSP INPATIENT TOTAL	12	45		66,313.46		1473.63	.062		5526.12		91.34
HSC HOSPITALS	4	11		11,940.00		1085.45	.015		2985.00		16.45
NON-HSC HOSPITAL TOTAL	8	34		54,373.46		1599.22	.047		6796.68		74.89
ACCOMMODATIONS	8	34		16,586.82		487.85	.047		2073.35		22.85
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8	34		16 , 586.82		487.85	.047		2073.35		22.85
ANCILLARIES	8	0		37 , 786.64		.00	.000		4723.33		52.05
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	102	524		16,205.24		30.93	.722		158.87		22.32
MEDICAL	57	78		4,811.06		61.68	.107		84.40		6.63
SURGERY	4	4		116.89		29.22	.006		29.22		.16
PATHOLOGY	49	224		2,769.54		12.36	.309		56.52		3.81
RADIOLOGY	37	64		3,449.68		53.90	.088		93.23		4.75
ROOM USE	61	80		3,566.64		44.58	.110		58.47		4.91
CROSSOVERS/ALL OTH OUTPTNT		74		1,491.43		20.15	.102		37.29		2.05
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL		0	т	.00	Τ.	.00	.000	Τ.	.00	Τ.	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0									
ADMINISTRATIVE DAYS		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 791 MOP024 FEE-FOR-SERVICE/DENTAL

AMADOR COUNTY	SUMMARY OF SERVICE	ES FOR 4	6 MEDI	CALLY	INDIGENT CHILDRE	EN						
								MO	TNC	HLY AVERA	GE	
726 ELIGIBLES	USERS UI	NITS OF S	ERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS O	F CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	110		569	\$	82,518.70	\$	145.02	.784	\$	750.17	\$	113.66
COMM HOSP INPATIENT TOTAL	12		45		66,313.46		1473.63	.062		5526.12		91.34
HSC HOSPITALS	4		11		11,940.00		1085.45	.015		2985.00		16.45
NON-HSC HOSPITALS TOTAL	8		34		54,373.46		1599.22	.047		6796.68		74.89
ACCOMMODATIONS	8		34		16,586.82		487.85	.047		2073.35		22.85
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	8		34		16,586.82		487.85	.047		2073.35		22.85
ANCILLARIES	8		0		37,786.64		.00	.000		4723.33		52.05
	0		0		,		.00					.00
INPATIENT CROSSOVERS			0		.00			.000		.00		
ALL OTHER INPATIENT	0 102		-		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL			524		16,205.24		30.93	.722		158.87		22.32
MEDICAL	57		78		4,811.06		61.68	.107		84.40		6.63
SURGERY	4		4		116.89		29.22	.006		29.22		.16
PATHOLOGY	49		224		2,769.54		12.36	.309		56.52		3.81
RADIOLOGY	37		64		3,449.68		53.90	.088		93.23		4.75
ROOM USE	61		80		3 , 566.64		44.58	.110		58.47		4.91
CROSSOVERS/ALL OTH OUTPINT	40		74		1,491.43		20.15	.102		37.29		2.05
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0		0	Υ	.00	Υ	.00	.000	Ψ	.00	۲	.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	S	.00	\$.00	.000	Ġ	.00	ς	.00
HOSPITAL BASED	0		0	۲	.00	۲	.00	.000	Y	.00	Y	.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY			99	Ś	1,749.67	\$	17.67	.136	ċ	76.07	ċ	2.41
PATHOLOGY	23 23		99	ې	1,749.67	ې			Ą	76.07	Ş	2.41
	0		0		•		17.67	.136				
XO AND OTHERS			-	^	.00	^	.00	.000	<u>^</u>	.00	<u> </u>	.00
@ORGANIZED OUTPATIENT CLINIC	30		41	\$	5,879.88	\$	143.41	.056	Ş		\$	8.10
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	30		41		5,879.88		143.41	.056		196.00	_	8.10
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		NDT.T.NV	ES MOI	NTH-OF-PAYMENT RE	LPORT	FOR JAN 2	ZUUZ THRU I)EC	2002	Ρ	AGE 792

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

MOP024

AMADOR COUNTY

726 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	48	10,538 \$	14,162.91	\$ 1.34	14.515 \$	295.06	\$ 19.51
DURABLE MED. EQUIP.	2	3	135.24	45.08	.004	67.62	.19
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	393	2,878.14	7.32	.541	261.65	3.96
AMBULANCES/AIR TRANS	11	393	2,878.14	7.32	.541	261.65	3.96
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4	420.00	105.00	.006	105.00	.58
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	33.28	8.32	.006	16.64	.05
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	53.93	26.97	.003	53.93	.07
PROSTHETICS	1	1	9.85	9.85	.001	9.85	.01
ORTHOTICS	1	1	44.08	44.08	.001	44.08	.06
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	791	4 , 677.27	5.91	1.090	425.21	6.44
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	19	9,341	5 , 965.05	.64	12.866	313.95	8.22
@CALIF. CHILDREN SERVICES*	1	3CR \$	806.83	\$ 268.94CR	.004CR\$	806.83	\$ 1.11

@XOVER EXCLUDING STATE HOSP** 0 .00 \$.00 .000 \$.00 \$.00

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 793 MOP024 FEE-FOR-SERVICE/DENTAL

AMADOR COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

AMADOR COUNTI	SUMMARI OF SERV	ICES FOR 4/ MIA = NO	SOC - AID PAID PE	NDING AID CC		III V ATTEDACE	:
OO ELICIDIES	USERS	UNITS OF SERVICE	EXPENDITURES	MITERACE COCH	MONT		COST PER
00 ELIGIBLES	USEKS	OR DAYS OF CARE	EVLENDIIOKE2	AVERAGE COST PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	OR DAIS OF CARE 0 \$.00	\$.00	.000 \$.00 \$	
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00 \$	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00				
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	ŭ	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	· · · · · · · · · · · · · · · · · · ·	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$ 0	.00	\$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0					
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0 \$.00	.00 \$.00	.000	.00	.00
@DENTIST	0	0 Ş	.00	\$.00	.000 \$.000	.00 \$.00
VISITS - DIAGNOSTIC	0	0					
ORAL SURGERY DRUGS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00			
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	U	U	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE	794
MOP024	FEE-FOR-SERVICE/DENTAL	L					01/	17/03

SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AMADOR COUNTY AID CODE ----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .00 \$.00 .000 \$.00 \$.00 @OPTOMETRIST 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 0 .00 .00 .000 .00 .00 .000 OTHER OPTOMETRIC SERVICES 0 .00 .00 .00 .00 .00 .00 \$.00 .000 \$.00 @CHIROPRACTOR VISITS .00 .00 .000 .00 .00 0 OTHER SERVICES .00 .00 .000 .00 .00 .00 .00 .00 @PODIATRIST .000 .00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS .000 0 .00 .00 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY .00 . 00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 \$.00 .000 \$.00 Ś .00 NURSE ANESTHESIST .00 \$.00 .000 Ś .00 Ś .00 Ś .00 .000 Ś .00 Ś NURSE MIDWIFE .00 .00 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER .00 \$.00 .000 .00 Ś .00 @TOTAL HOSPITAL .00 . 00 .000 . 00 . 00 HOSP INPATIENT TOTAL .00 . 00 .000 . 00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .00 NON-HSC HOSPITAL TOTAL .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .000 ADMINISTRATIVE DAYS .00 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 ALL OTHER ACCOM .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .00 INPATIENT CROSSOVERS .000 .00 .00 .00 ALL OTHER INPATIENT .00 .000 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPINT 0 .00 @COUNTY HOSPITAL TOTAL .00 .000 .00 .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN 200	02 THRU DEC	2002	PAGE 795
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FO	OR 47 MIA - NO	SOC - AID PAID PENDING	AID CODE	₹		
					3.403.707.7	1	

AMADOR COUNTY	SUMMARY OF SER		47 MIA -	- NO	SOC - AID PAID I	PENDING	AID CC	DE				01/1//0.
11112010 0001111	001111111111111111111111111111111111111	. 1020 101	1, 11111	2.0		. 21,2 21,0	, ,,,,,	MC	ONTI	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVER	RAGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0		.00		.00	.000		.00		.00

Ω .00 .00 .000 .00 .00 SURGICENTER 0 HEROIN DETOX CLINIC 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 0 0 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 796 01/17/03 MOP024 FEE-FOR-SERVICE/DENTAL AMADOR COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

						MOI	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	я.	XPENDITURES	AVERAGE COST		COST PER	COST PER
00 111011110	ODLING	OR DAYS OF CARE		211 11101 101010	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	}	.00	\$.00	.000		\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	}	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	}	.00	\$.00	.000	\$.00	\$.00
A* TOTALS IN THESE ITMES ADD	CTVEN AC A CEDAL	DATE THEODMATTON THE	M ONTV.					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 797
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

						MON	ITHLY AVERAG	GE
14 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ε		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5	27	\$	644.02	\$ 23.85	1.929	128.80	\$ 46.00
@PHYSICIANS SERVICES	3	3	\$	258.81	\$ 86.27	.214	86.27	\$ 18.49
OUTPATIENT VISITS	2	2		213.05	106.53	.143	106.53	15.22
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2		213.05	106.53	.143	106.53	15.22

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	Ο	Ω	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	Û	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	Û	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	45.76	45.76	.071	45.76	3.27
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	1	2	\$ 9.67	\$ 4.84	.143	\$ 9.67	\$.69
PRESCRIPTION DRUGS	1	2	9.67	4.84	.143	9.67	.69
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	2	9.67	4.84	.143	9.67	.69
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0				.00	.000	.00		
	0	0		.00						.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	U		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	U		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	U		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	_	.00
#CALIF DEPT OF HEALTH SERV			IRES M	IONTH-OF-PAYMENT RI	EPORT	' FOR JAN 2	2002 THRU D	EC 2002	Ρ	AGE 798
MOPO24	FEE-FOR-SERVICE,		NO	COC DECNAME		7 TD 00	NDE .			01/17/03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 48 MIF	_ NO	SOC - PREGNANT		AID CO	MOI	THIV AVERA	CF	
14 ELIGIBLES	USERS	UNITS OF SERVIC	'E'	EXPENDITURES	A17E	RAGE COST	UNITS/DAYS			COST PER
14 EDIGIDDES	OBLIG	OR DAYS OF CAF		EXTENDITORES		UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	0	OR DATS OF CAR	\$.00	\$.00	.000			.00
DIAGNOSTIC AND ANC. PROCED	0	0	Ą	.00	۲	.00	.000	.00	۲	.00
	0	0		.00			.000	.00		.00
EYE APPLIANCES	0	0				.00				
OTHER OPTOMETRIC SERVICES	0		Ċ	.00	Ċ	.00	.000	.00	ċ	.00
@CHIROPRACTOR	0	0	\$.00	\$.00		\$.00	Þ	.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00	_	.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	•	Ş	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00		.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00		.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00		.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		.00	\$.00
@TOTAL HOSPITAL	3	20	\$	341.16	\$	17.06		\$ 113.72	\$	24.37
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	3	20		341.16		17.06	1.429	113.72		24.37
MEDICAL	1	1		93.96		93.96	.071	93.96		6.71
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	3	16		158.91		9.93	1.143	52.97		11.35
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	2	2		80.39		40.20	.143	40.20		5.74
CROSSOVERS/ALL OTH OUTPINT	1	1		7.90		7.90	.071	7.90		.56
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		0.0		0.0	000	. 00		0.0

0

0

0

0

HSC HOSPITALS

ACCOMMODATIONS

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

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.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES MON'	TH-OF-PAYMENT REPORT	FOR JAN 20	02 THRU DEC	2002	PAGE 799
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES I	FOR 48 MIA - NO S	DC - PREGNANT	AID COD	Œ		
				-	MONT	HLY AVERAG	E

								OM T L			
14 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST			COST PER		COST PER
		OR DAYS OF CARE				UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	20	\$	341.16	\$	17.06	1.429	\$	113.72	\$	24.37
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3	20		341.16		17.06	1.429		113.72		24.37
MEDICAL	1	1		93.96		93.96	.071		93.96		6.71
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	16		158.91		9.93	1.143		52.97		11.35
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	2		80.39		40.20	.143		40.20		5.74
CROSSOVERS/ALL OTH OUTPINT	1	1		7.90		7.90	.071		7.90		.56
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	·	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	Ō	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	Ś	.00		\$.00	Ś	.00
HOSPITAL BASED	0	0	'	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	'	.00		.00	.000		.00		.00
	9	ŭ		• 0 0		• • •			• • • •		• • •

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	2 \$	10.38	\$ 5.19	.143	\$ 10.38	\$.74
PATHOLOGY	1	2	10.38	5.19	.143	10.38	.74
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	24.00	\$.00	.000	\$.00	\$ 1.71
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	24.00	.00	.000	.00	1.71
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	1 2002 THRU D	DEC 2002	PAGE 800
MOP024	FEE-FOR-SERVICE/DE	INTAL					01/17/03
AMADOR COUNTY	SUMMARY OF SERVICE	S FOR 48 MIA -	NO SOC - PREGNANT	AID	CODE		
					MC	NTHLY AVERA	GE
14 ELIGIBLES	USERS UN	IITS OF SERVICE	EXPENDITURES	AVERAGE COS	ST UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
0 0	0	0 6		A	0.00	A 0.0	÷ 00

14 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 801 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

AMADOR COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

							M	ON.I.	HLY AVERA	GE:	
14 ELIGIBLES	USERS	UNITS OF SERVICE	<u>c</u>	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CAR	C		PER	. UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	5	27	\$	644.02	\$	23.85	1.929	\$	128.80	\$	46.00
@PHYSICIANS SERVICES	3	3	\$	258.81	\$	86.27	.214	\$	86.27	\$	18.49

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	2	2	213.05	106.53	.143	106.53	15.22
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2	213.05	106.53	.143	106.53	15.22
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0			.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00			.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	-	· ·	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	45.76	45.76	.071	45.76	3.27
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	1	2 \$	9.67	\$ 4.84	.143		\$.69
PRESCRIPTION DRUGS	1	2	9.67	4.84	.143	9.67	.69
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	2	9.67	4.84	.143	9.67	.69
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES					PAGE 802
MOP024	FEE-FOR-SERVICE				, Di		01/17/03
AMADOR COUNTY		VICES FOR 49 ALL MIA	- NO SOC				01,11,00
					MON	THLY AVERA	GE
14 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER

UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 14 ELIGIBLES USERS OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 \$ @OPTOMETRIST 0 0 \$.00 .000 \$.00 \$.00 0 0 .00 .00 .000 DIAGNOSTIC AND ANC. PROCED .00 .00

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	20	\$ 341.16	\$ 17.06	1.429	\$ 113.72	\$ 24.37
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	20	341.16	17.06	1.429	113.72	24.37
MEDICAL	1	1	93.96	93.96	.071	93.96	6.71
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	16	158.91	9.93	1.143	52.97	11.35
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	80.39	40.20	.143	40.20	5.74

CROSSOVERS/ALL OTH OUTPINT	1	1	7.90	7.90	.071	7.90	.56
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-OF-PAYMENT R	REPORT FOR JAN	2002 THRU D	EC 2002	PAGE 803
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	49 ALL MIZ	A - NO SOC				

				 				-	
14 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAY	-	COST PER		COST PER
		OR DAYS OF CARE		UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	20	\$ 341.16	\$ 17.06	1.429	Ş	113.72	\$	24.37
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00		.00
HSC HOSPITALS	0	0	.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00		.00
ANCILLARIES	0	0	.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3	20	341.16	17.06	1.429		113.72		24.37
MEDICAL	1	1	93.96	93.96	.071		93.96		6.71
SURGERY	0	0	.00	.00	.000		.00		.00
PATHOLOGY	3	16	158.91	9.93	1.143		52.97		11.35
RADIOLOGY	0	0	.00	.00	.000		.00		.00
ROOM USE	2	2	80.39	40.20	.143		40.20		5.74
CROSSOVERS/ALL OTH OUTPTNT	1	1	7.90	7.90	.071		7.90		.56
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00		.00
LEV B-REGULAR	0	0	.00	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000		.00		.00
ICF DD	0	0	.00	.00	.000		.00		.00

ICF DDN/DDCN	0	0		.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00)	.00	.000		.00		.00
@LABORATORY FACILITY	1	2	\$	10.38	\$	5.19	.143	\$	10.38	\$.74
PATHOLOGY	1	2		10.38	}	5.19	.143		10.38		.74
XO AND OTHERS	0	0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	24.00	\$.00	.000	\$.00	\$	1.71
CLINIC	0	0		.00)	.00	.000		.00		.00
SURGICENTER	0	0		.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		24.00)	.00	.000		.00		1.71
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES M	MONTH-OF-PAYMENT	REPORT	r for Jan 2	2002 THRU	DEC	2002	PA	GE 804
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	49 ALL	MIA	- NO SOC							

----- MONTHLY AVERAGE -----14 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 .00 .000 \$.00 \$.00 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 HEARING AID DISPENSERS .00 .000 .00 .00 .00 .00 .000 .00 MEDICAL TRANSPORTATION .00 .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .00 .000 .00 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .000 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .000 .00 .00 .00 PORTABLE X-RAY .00 .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 .000 .00 LOCAL EDUCATION AGENCIES .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .00 .000 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00

.00

\$

.00

.000 \$

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@XOVER EXCLUDING STATE HOSP**

.00

.00 \$

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

01/17/03

AMADOR COUNTY	SUMMARY OF SERVI	CES FOR 50 MIA - SOC	- LTC	AID CC			
					MON7		-
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	_	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	7	223 \$	20,955.56	\$ 93.97	111.500 \$		\$ 10477.78
@PHYSICIANS SERVICES	3	10 \$	285.65	\$ 28.57	5.000 \$	95.22	
OUTPATIENT VISITS	1	3	85.50	28.50	1.500	85.50	42.75
OFFICE VISITS	1	3	85.50	28.50	1.500	85.50	42.75
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	5	132.30	26.46	2.500	66.15	66.15
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	5	132.30	26.46	2.500	66.15	66.15
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
DIALYSIS	1	1					
PATHOLOGY	1	1	5.90 61.95	5.90	.500	5.90	2.95
RADIOLOGY	0	0		61.95	.500	61.95	30.98
PSYCHIATRY	U		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	U	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	3	17 \$	2,643.23	\$ 155.48	8.500 \$		\$ 1321.62
PRESCRIPTION DRUGS	3	17	2,643.23	155.48	8.500	881.08	1321.62
SNF/ICF	3	15	590.65	39.38	7.500	196.88	295.33
OUTPATIENTS	2	2	2,052.58	1026.29	1.000	1026.29	1026.29
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	1 \$	25.00	\$ 25.00	.500 \$	25.00	
VISITS - DIAGNOSTIC	1	1	25.00	25.00	.500	25.00	12.50
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MO					PAGE 806
MOD024	EEE EOD CEDVICE /						01/17/02

AMADOR COUNTY	SUMMARY OF SERV	ICES FOR	SU MIA	- SOC -	LTC	AID CC		ONT.		C.E.	
00						 	M			ŒĽ.	
02 ELIGIBLES	USERS	UNITS OF			EXPENDITURES	ERAGE COST					COST PER
		OR DAYS	OF CARE	_		R UNIT/DAY	PER ELIG		USER	_	ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00	.00	.000		.00		.00
EYE APPLIANCES	0		0		.00	.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00	.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00	.00	.000		.00		.00
OTHER SERVICES	0		0		.00	.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00	.00	.000		.00		.00
SURGERY/ANES.	0		0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00	.00	.000		.00		.00
OTHER	0		0		.00	.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0 0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3		5	\$	356.08	\$ 71.22	2.500	\$	118.69	\$	178.04
HOSP INPATIENT TOTAL	0		0		.00	.00	.000		.00		.00
HSC HOSPITALS	0		0		.00	.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000		.00		.00
ANCILLARIES	0		0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3		5		356.08	71.22	2.500		118.69		178.04
MEDICAL	1		1		116.97	116.97	.500		116.97		58.49
SURGERY	0		0		.00	.00	.000		.00		.00
PATHOLOGY	1		1		2.32	2.32	.500		2.32		1.16
RADIOLOGY	1		1		195.71	195.71	.500		195.71		97.86
ROOM USE	1		1		35.51	35.51	.500		35.51		17.76
CROSSOVERS/ALL OTH OUTPTNT	1		1		5.57	5.57	.500		5.57		2.79
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00	.00	.000		.00		.00
HSC HOSPITALS	0		0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0		Ö		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0		Ö		.00	.00	.000		.00		.00
ANCILLARIES	0		Ō		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0		Ö		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0		Ö		.00	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	Õ		Ö		.00	.00	.000		.00		.00
MEDICAL	0		Ö		.00	.00	.000		.00		.00
SURGERY	0		0		.00	.00	.000		.00		.00
PATHOLOGY	0		0		.00	.00	.000		.00		.00
RADIOLOGY	0		Ö		.00	.00	.000		.00		.00
ROOM USE	0		0		.00	.00	.000		.00		.00
0011 002	Ŭ		•			• 0 0	• 0 0 0		• 0 0		• • • •

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

AMADOR COUNTY SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC AID CODE

AMADOR COUNTI	SUMMANI OF SERV	LCES FOR JO MIN	1 - 200 -	- шіс		AID CC	DE				
							MO	TNC	HLY AVERA	.GE	
02 ELIGIBLES	USERS	UNITS OF SERVIO	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CAR	RE		PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	5	\$	356.08	\$	71.22	2.500	\$	118.69	\$	178.04
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3	5		356.08		71.22	2.500		118.69		178.04
MEDICAL	1	1		116.97		116.97	.500		116.97		58.49
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		2.32		2.32	.500		2.32		1.16
RADIOLOGY	1	1		195.71		195.71	.500		195.71		97.86
ROOM USE	1	1		35.51		35.51	.500		35.51		17.76
CROSSOVERS/ALL OTH OUTPTNT	1	1		5.57		5.57	.500		5.57		2.79
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	3	190	\$	17,645.60	\$	92.87	95.000	\$	5881.87	\$	8822.80
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	3	190		17,645.60		92.87	95.000		5881.87		8822.80
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURE	S MONTH-OF	-PAYMENT F	REPORT	FOR JAN 20	02 THRU	DEC	2002	P	AGE 808
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	50 MIA -	- SOC - LTC			AID COD	E				

AMADON COUNTI	DOMINANT OF DEIN	VICED FOR 50	1.1 1 1/1	DOC	штс	AID CO	700		
							MON	THLY AVERA	GE
02 ELIGIBLES	USERS	UNITS OF SEF	RVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF	CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0		0		.00	.00	.000	.00	.00
BLOOD BANK	0		0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0		0		.00	.00	.000	.00	.00
OTHER TRANS	0		0		.00	.00	.000	.00	.00
OTHER SERVICES	0		0		.00	.00	.000	.00	.00
ACUPUNCTURE	0		0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0		.00	.00	.000	.00	.00
OPTICIAN	0		0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0		.00	.00	.000	.00	.00
PROSTHETICS	0		0		.00	.00	.000	.00	.00
ORTHOTICS	0		0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0		0	\$.00	\$.00	.000 \$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 .00 \$.00 .000 \$.00 \$.00

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SPACE MAINTAINERS

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 809 MOP024 FEE-FOR-SERVICE/DENTAL

AMADOR COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

AMADOR COUNTY	SUMMARI OF SER	VICES FOR SI MIA - SOC -	- PREGNANT	AID CC			_
					MONT	_	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$		\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	· ·					
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	•	.00	.00	.000	.00	.00
PATHOLOGY	U	0	.00	.00	.000	.00	.00
RADIOLOGY	U	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
CDACE MAINEATHERC	0	0	0.0	0.0	000	00	0.0

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.00 .000

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MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE	810
MOP024	FEE-FOR-SERVICE/DENTA	L					01/	17/03

AID CODE

SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT

AMADOR COUNTY

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .00 \$.00 .000 \$.00 \$.00 @OPTOMETRIST 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 .00 .00 \$.00 .000 \$.00 @CHIROPRACTOR VISITS .00 .00 .000 .00 .00 .000 OTHER SERVICES 0 .00 .00 .00 .00 .00 .00 .00 @PODIATRIST .000 \$.00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 \$.00 .000 \$.00 \$.00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 Ś .00 0 Ś .00 .000 .00 Ś NURSE MIDWIFE .00 Ś .00 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER .00 \$.00 .000 .00 Ś .00 .00 @TOTAL HOSPITAL .00 .000 .00 .00 HOSP INPATIENT TOTAL .00 . 00 .000 .00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .00 NON-HSC HOSPITAL TOTAL .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .00 INPATIENT CROSSOVERS .000 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 .000 HOSP OUTPATIENT TOTAL .00 .00 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPINT 0 .00 @COUNTY HOSPITAL TOTAL .00 .000 \$.00 \$.00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 .000 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN 2	002 THRU DEC	2002	PAGE 811
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES	FOR 51 MIA - 1	SOC - PREGNANT	AID CC	DE		
					MONTH	א מידוע א דוו	יחי

AMADOR COUNTY	SUMMARY OF SERVI	CES FOR	51 MIA -	- SOC -	- PREGNANT		AID CC	DDE			01/1//00
								MOI	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERA	GE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE			PER U	NIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		Ö		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		Ö		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00			.000			
INPATIENT CROSSOVERS	0		-				.00		.00		.00
ALL OTHER INPATIENT	U		0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000	.00		.00
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000	.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000		\$.00
LEV A-INTERMEDIATE	0		0	•	.00	·	.00	.000	.00	·	.00
LEV B-REHAB MD	0		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		Ö		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
LEV B-REGULAR	0		0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000		\$.00
ICF DDH	0		0	Ą	.00	Ş	.00	.000	.00	Ş	.00
	0		0								
ICF DD	0				.00		.00	.000	.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	•	\$.00
HOSPITAL BASED	0		0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	.00	\$.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
XO AND OTHERS	0		0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	.00	\$.00
CLINIC	0		0		.00		.00	.000	.00		.00

SURGICENTER	0	0	.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2002	THRU DEC	2002	PAGE	812
MOP024	FEE-FOR-SERVICE/DENTAI	J					01/1	L7/03
AMADOR COUNTY	SUMMARY OF SERVICES FO	OR 51 MIA - S	SOC - PREGNANT	AID CODE				

			 		MON'	THLY AVERA	CF
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
00 Elicibie	00210	OR DAYS OF CARE	DAIL DIVDITIONED	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0		\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 813 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

AMADOR COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC ----- MONTHLY AVERAGE -----02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 111.500 \$ 2993.65 \$ 10477.78 @TOTAL, ALL PROVIDERS 223 20,955.56 Ś 93.97 10 285.65 28.57 5.000 \$ 95.22 \$ 142.83 @PHYSICIANS SERVICES 3 85.50 85.50 28.50 1.500 42.75 OUTPATIENT VISITS 85.50 28.50 1.500 85.50 42.75 OFFICE VISITS HOME VISITS .00 .00 .000 . 00 . 00 .00 .00 EMERGENCY ROOM .00 .000 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 .000 .00 OTHER OUTPATIENT .00 132.30 26.46 2.500 66.15 66.15 INPATIENT VISITS HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 CRITICAL CARE .00 .000 .00 132.30 SNF/ICF/TRANS IP CARE 26.46 2.500 66.15 66.15 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .00 EXAMINATIONS .000 .00 .00 .00 SERVICES AND MATERIALS .00 .000 .00 .00 .00 INPATIENT HOSPITAL SURGERY .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANESTHESIOLOGIST OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .000 .00 PRINCIPAL SURGEON .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY 5.90 5.90 .500 5.90 2.95 .500 RADIOLOGY 61.95 61.95 61.95 30.98 PSYCHIATRY . 00 . 00 .000 . 00 . 00 .00 .00 .00 .000 . 00 IMMUNIZATION AND INJECTION 0 .00 .00 .00 .000 .00 OTHER SERVICES/ALL X-OVERS 3 17 881.08 \$ 1321.62 @PHARMACY 2,643.23 155.48 8.500 \$ 17 155.48 881.08 PRESCRIPTION DRUGS 2,643.23 8.500 1321.62 SNF/ICF 15 590.65 39.38 7.500 196.88 295.33 2,052.58 1026.29 1.000 1026.29 1026.29 OUTPATIENTS 0 .00 .000 .00 MEDICAL SUPPLIES .00 .00 25.00 .500 25.00 25.00 \$ 12.50 @DENTIST 25.00 25.00 25.00 12.50 VISITS - DIAGNOSTIC .500 ORAL SURGERY .00 .00 .000 .00 .00 .000 DRUGS .00 .00 .00 .00 ANESTHESIA .00 .00 .000 .00 .00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	002 THRU DEC	2002	PAGE 814
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/17/03
AMADOR COUNTY	SUMMARY OF SERVICE	S FOR 52 ALL MIA	A - SOC				
				_	M∩NT	HIV AVERAG	F

----- MONTHLY AVERAGE -----02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 \$ @OPTOMETRIST 0 0 .00 .00 .000 \$.00 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED .00 .00 0 .00 .000 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES @CHIROPRACTOR .00 \$.00 .000 \$.00 .00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 0 @PODIATRIST .00 Ś .00 .000 .00 Ś .00 0 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 . 00 .00 @HOME HEALTH AGENCY .00 .00 .000 .00 .00 \$.00 .000 .00 \$.00 NURSE ANESTHESIST 0 .00 Ś .00 .000 .00 Ś .00 NURSE MIDWIFE .00 PEDIATRIC NURSE PRACTITIONER .00 .000 .00 .00 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 Ś .00 356.08 @TOTAL HOSPITAL 71.22 2.500 118.69 178.04 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 ACCOMMODATIONS .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 356.08 71.22 2.500 118.69 178.04 HOSP OUTPATIENT TOTAL 116.97 116.97 .500 116.97 MEDICAL 58.49 0 .00 SURGERY .00 .000 .00 .00 2.32 PATHOLOGY 2.32 .500 2.32 1.16 RADIOLOGY 195.71 195.71 .500 195.71 97.86 35.51 35.51 ROOM USE 35.51 .500 17.76 5.57 5.57 .500 5.57 2.79 CROSSOVERS/ALL OTH OUTPTNT .00 .00 .000 .00 @COUNTY HOSPITAL TOTAL .00 .00 .00 .000 .00 .00 CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS .00 .00 .000 .00 .00 .000 NON-HSC HOSPITALS TOTAL .00 .00 .00 .00

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ACCOMMODATIONS

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	002 THRU DEC	2002	PAGE 815
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES F	OR 52 ALL MIX	A - SOC				

COMMUNITY HOSPITAL TOTAL 3	AMADOR COUNTI	SUMMANI OF SER	VICES FOR J2 A	דוא יויד	IA - 300				M	∩ит	HLY AVERA	CF	
COMMINITY HOSPITAL TOTAL	02 ELIGIBLES	USERS	UNITS OF SERV	TCE.	E.	XPENDITURES	ΔV	ERAGE COST				-	COST PER
COMMINITY HOSPITAL TOTAL 3 5 5 356.08 71.22 2.500 118.69 \$ 178.04 COMM HOSP INPATIENT TOTAL 0 0 0 0 0 0 0 0 0	02 111011110	ОВЫКО				MIDNOITONDO			,	-			
COMM HOSP INPATIENT TOTAL	@COMMUNITY HOSPITAL TOTAL	3			5	356.08							
HSC HOSPITALS 0		-		7			т.			7		7	
NON-HISC HOSPITALS TOTAL		0											
ACCOMMODATIONS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		0	0										
ADMINISTRATIVE DAYS 0		0	0										
TRANSITIONAL IP CARE ALL OTHER ACCOM ALL OTHER ACCOM O O O O O O O O O O O O O O O O O O		0	0										
ALL OTHER ACCOM ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0										
ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0										
INPATIENT CROSSOVERS		0	0										
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL 3		0	0										
COMM HOSP OUTPATIENT TOTAL 3		0	0										
MEDICAL 1		3	5										
SURGERY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		1	1										58.49
PATHOLOGY 1 1 1 1 2.32 2.32 5.00 2.32 1.16 RADIOLOGY 1 1 1 1 195.71 195.71 5.00 195.71 97.86 ROOM USE 1 1 1 195.71 35.51 35.51 5.00 35.51 17.76 CROSSOVERS/ALL OTH OUTPINT 1 1 1 5.57 5.57 5.57 5.57 5.00 5.57 2.79 (STATE HOSPITAL 0 0 0 \$.00	SURGERY	0	0			.00		.00	.000		.00		.00
RADIOLOGY 1 1 1 1 195.71 195.71 5.00 195.71 97.86 ROOM USE 1 1 1 1 35.51 35.51 5.00 35.51 17.76 CROSSOVERS/ALL OTH OUTPTNT 1 1 1 5.57 5.57 5.57 5.00 5.57 2.79 GSTATE HOSPITAL 0 0 0 0 \$.00 \$.		1	1										
CROSSOVERS/ALL OTH OUTPTNT	RADIOLOGY	1	1			195.71		195.71			195.71		97.86
CROSSOVERS/ALL OTH OUTPTNT	ROOM USE	1	1			35.51		35.51	.500		35.51		17.76
MENTALLY ILL 0 0 .0	CROSSOVERS/ALL OTH OUTPTNT	1	1					5.57			5.57		2.79
DEVELOP. DISABLED 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@STATE HOSPITAL	0	0	\$	\$.00	\$.00	.000	\$.00	\$.00
@NURSING FACILITY 3 190 \$ 17,645.60 \$ 92.87 95.000 \$ 5881.87 \$ 8822.80 LEV A-INTERMEDIATE 0 0 0 .00 <t< td=""><td>MENTALLY ILL</td><td>0</td><td>0</td><td></td><td></td><td>.00</td><td></td><td>.00</td><td>.000</td><td></td><td>.00</td><td></td><td>.00</td></t<>	MENTALLY ILL	0	0			.00		.00	.000		.00		.00
LEV A-INTERMEDIATE 0 0 .00	DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD 0 0 .00	@NURSING FACILITY	3	190	\$	\$	17,645.60	\$	92.87	95.000	\$	5881.87	\$	8822.80
LEV B-SUBACUTE FREESTANDING 0 0 .00	LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED 0 0 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE 0 0 0 .00 .00 .000 .000 .000 .000 LEV B-REGULAR 3 190 17,645.60 92.87 95.000 5881.87 8822.80 [INTERMEDIATE CARE FACILDD 0 0 \$.000 \$.000 \$.000 \$.000 \$.000 ICF DDH 0 0 0 0 .000 .000 .000 .000 .000 .0	LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR 3 190 17,645.60 92.87 95.000 5881.87 8822.80 GINTERMEDIATE CARE FACILDD 0 0 \$.0	LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00	LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ICF DDH 0 0 .00 <td>LEV B-REGULAR</td> <td>3</td> <td>190</td> <td></td> <td></td> <td>17,645.60</td> <td></td> <td>92.87</td> <td>95.000</td> <td></td> <td>5881.87</td> <td></td> <td>8822.80</td>	LEV B-REGULAR	3	190			17,645.60		92.87	95.000		5881.87		8822.80
ICF DD 0 0 .0	@INTERMEDIATE CARE FACILDD	0	0	\$	>	.00	\$.00	.000	\$.00	\$.00
ICF DDN/DDCN 0 0 .00	ICF DDH	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL 0 0 \$.00 \$.00	ICF DD	0	0			.00		.00	.000		.00		.00
HOSPITAL BASED 0 0 .00 .00 .00 .00 .00 HEMODIALYSIS CENTER 0 0 .00 .00 .00 .00 .00 .00 @REHABILITATION FACILITY 0 0 \$.00 \$	ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER 0 0 .00 .00 .00 .00 .00 .00 @REHABILITATION FACILITY 0 0 \$.00 \$	@HEMODIALYSIS TOTAL	0	0	\$	\$.00	\$.00	.000	\$.00	\$.00
@REHABILITATION FACILITY 0 0 \$.00 \$.00 \$.00 \$.00	HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
	HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
HOSPITAL BASED 0 0 .00 .00 .00 .00 .00	@REHABILITATION FACILITY	0	0	\$	\$.00	\$.00	.000	\$.00	\$.00
	HOSPITAL BASED	0	0			.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2002 THRU	DEC 2002	PAGE	816
MOP024	FEE-FOR-SERVICE/DE	NTAL						0	1/17/03
AMADOR COUNTY	SUMMARY OF SERVICE	S FOR 52 ALL MI	A - SOC						
						M	ONTHLY AVERA	GE	

02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
02 111011110	ОВЫКО	OR DAYS OF CARE	EXIENDITORES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 S	.00	\$.00	.000 \$.00 \$	-
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$	
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 817 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

AMADOR COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

							MO	NTHLY AVERA	ΔGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERA	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	1		PER U	JNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITUE	ES MONTH-	OF-PAYMENT RE	PORT	FOR JAN 20	002 THRU DEC	2002	PAGE 818
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
AMADOR COUNTY	SIMMARY OF SERVICES FOR	53 FOR	FIITHER HS	도					

AMADOR COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

AMADON COUNTI	SOMMART OF SER	VICES FOR 55 F	OK FUIU	KE OSE				_ N.T.EE		C.E.	
0.0 51 56151 56	a=p.a				31100300		M			GE.	
00 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES	-		UNITS/DAY	-	COST PER		COST PER
0.0000000000000000000000000000000000000	0	OR DAYS OF C		0.0	PER UNI				USER	<u> </u>	ELIGIBLE
@OPTOMETRIST	0	0		.00	\$.00	.000	\$		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	_	.00	.000	_	.00	_	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	'	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU D	EC 2002	PAGE 819
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	53 FOR FU	TURE USE				
					MOI	NTHLY AVERAG	E

0.0 ========							NIRLI AVERA	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE	_		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$		\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	RES MONTH-OF	-PAYMENT F	REPORT	FOR JAN 2	2002 THRU	DEC 2002	P#	AGE 820
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FO	R 53 FOR	FUTURE USE							

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 .00 .000 \$.00 \$.00 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .000 HEARING AID DISPENSERS .00 .00 .00 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 .00 PORTABLE X-RAY .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .00 .00 .000 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 0 .00 \$.00 .000 .00 .00 \$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

					MONT	HLY AVERA	GE
16 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	12	250 \$	21,599.58	\$ 86.40	15.625 \$	1799.97	\$ 1349.97
@PHYSICIANS SERVICES	6	13 \$	544.46	\$ 41.88	.813 \$	90.74	\$ 34.03
OUTPATIENT VISITS	3	5	298.55	59.71	.313	99.52	18.66
OFFICE VISITS	1	3	85.50	28.50	.188	85.50	5.34
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2	213.05	106.53	.125	106.53	13.32
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	5	132.30	26.46	.313	66.15	8.27
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	5	132.30	26.46	.313	66.15	8.27
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	5.90	5.90	.063	5.90	.37
RADIOLOGY	2	2	107.71	53.86	.125	53.86	6.73
PSYCHIATRY	<u>2</u>	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	О Д	19 \$	2,652.90	\$ 139.63	1.188 \$	663.23	
PRESCRIPTION DRUGS	1	19	2,652.90	139.63	1.188	663.23	165.81
SNF/ICF	3	15	590.65	39.38	.938	196.88	36.92
OUTPATIENTS	3	4	2,062.25	515.56	.250	687.42	128.89
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	1 \$	25.00	\$ 25.00	.063 \$	25.00	
VISITS - DIAGNOSTIC	1	1	25.00	25.00	.063	25.00	1.56
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAI CEDIITO	U CES AND EXPENDITURES MOI					PAGE 822
MODOSA	MEDI-CAL SERVIC		NIII OF EATHENI A	TIONI PON UAN A	LOUZ IIINO DEC	, 2002	022 01/17/02

01/17/03

FEE-FOR-SERVICE/DENTAL

16 ELIGIBLES	USERS	UNITS OF SE	ERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S (COST PER	 COST PER
		OR DAYS OF	F CARE		PEF	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0	.00		.00	.000		.00	.00
EYE APPLIANCES	0		0	.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0		0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	.00		.00	.000		.00	.00
OTHER SERVICES	0		0	.00		.00	.000		.00	.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0	.00		.00	.000		.00	.00
SURGERY/ANES.	0		0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0		0	.00		.00	.000		.00	.00
OTHER	0		0	.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6		25	\$ 697.24	\$	27.89	1.563	\$	116.21	\$ 43.58
HOSP INPATIENT TOTAL	0		0	.00		.00	.000		.00	.00
HSC HOSPITALS	0		0	.00		.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0		0	.00		.00	.000		.00	.00
ACCOMMODATIONS	0		0	.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0		0	.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0		0	.00		.00	.000		.00	.00
ALL OTHER ACCOM	0		0	.00		.00	.000		.00	.00
ANCILLARIES	0		0	.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0		0	.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0		0	.00		.00	.000		.00	.00

HOSP OUTPATIENT TOTAL	6	25		697.24	27.89	1.563	116.21	43.58
MEDICAL	2	2		210.93	105.47	.125	105.47	13.18
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	4	17		161.23	9.48	1.063	40.31	10.08
RADIOLOGY	1	1		195.71	195.71	.063	195.71	12.23
ROOM USE	3	3		115.90	38.63	.188	38.63	7.24
CROSSOVERS/ALL OTH OUTPTNT	2	2		13.47	6.74	.125	6.74	.84
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	S MONTH-OF	-PAYMENT RE	EPORT FOR JAI	N 2002 THRU	DEC 2002	PAGE 823
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	54 MEDIC	ALLY INDIC	GENT ADULTS				

AMADOR COUNTI	SUMMARI OF SER	VICES FOR	24 MEDI	САППІ	INDIGENI ADULIS							
								M	TNC	HLY AVERA	GE.	
16 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6		25	\$	697.24	\$	27.89	1.563	\$	116.21	\$	43.58
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	6		25		697.24		27.89	1.563		116.21		43.58
MEDICAL	2		2		210.93		105.47	.125		105.47		13.18
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	4		17		161.23		9.48	1.063		40.31		10.08
RADIOLOGY	1		1		195.71		195.71	.063		195.71		12.23
ROOM USE	3		3		115.90		38.63	.188		38.63		7.24
CROSSOVERS/ALL OTH OUTPTNT	2		2		13.47		6.74	.125		6.74		.84
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	3		190	\$	17,645.60	\$	92.87	11.875	\$	5881.87	\$	1102.85
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	3	190		17,645.60		92.87	11.875		5881.87		1102.85
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	2	\$	10.38	\$	5.19	.125	\$	10.38	\$.65
PATHOLOGY	1	2		10.38		5.19	.125		10.38		.65
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	24.00	\$.00	.000	\$.00	\$	1.50
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		24.00		.00	.000		.00		1.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITU	RES MOI	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	Ρ	AGE 824
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	54 MED	CALLY	INDIGENT ADULTS							

----- MONTHLY AVERAGE -----16 ELIGIBLES AVERAGE COST UNITS/DAYS COST PER USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS Ω 0 .00 .00 .000 \$.00 \$.00 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK .00 .00 .000 .00 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 MEDICAL TRANSPORTATION 0 .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACUPUNCTURE

ADULT DAY HEALTH CARE CTR .00 .00 .00 .000 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PROSTHETICS ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 .000 SPEECH AND AUDIOLOGY .00 .00 .00 .00 HOSPICE SERVICES .00 .00 .00 .00 .000 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES .000 .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .000 .00 .00 .00 .000 .00 RESPIRATORY CARE PRACT. .00 PED SUBACUTE REHAB/WEANING 0 .00 .00 .000 .00 .00 .000 ALL OTHER PROVIDERS 0 .00 .00 .00 .00 @CALIF. CHILDREN SERVICES* .00 .00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 825 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

AMADOR COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

AMADOR COUNTY	SUMMARI OF SER	VICES FOR 33 ALL AGED	MONTHLY AVI					
3,979 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER	
3, 919 EDIGIDDES	ODERO	OR DAYS OF CARE	EXTENDITORES	PER UNIT/DAY		USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	3,380	72,696 \$	4,546,230.84	\$ 62.54			\$ 1142.56	
@PHYSICIANS SERVICES	559	1,644 \$	22,090.75	\$ 13.44	.413 \$	39.52		
OUTPATIENT VISITS	4	5	190.90	38.18	.001	47.73	.05	
OFFICE VISITS	4	5	190.90	38.18	.001	47.73	.05	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	2	10	377.71	37.77	.003	188.86	.00	
HOSPITAL VISITS	2	10	377.71	37.77	.003	188.86	.09	
CRITICAL CARE	0	0	.00	.00	.003	.00	.09	
	0	0						
SNF/ICF/TRANS IP CARE	0		.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	•	~	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	1	1	236.41	236.41	.000	236.41	.06	
PRINCIPAL SURGEON	1	1	236.41	236.41	.000	236.41	.06	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	4	8	273.41	34.18	.002	68.35	.07	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	553	1,620	21,012.32	12.97	.407	38.00	5.28	
@PHARMACY	2,797	18 , 721 \$	724,131.92	\$ 38.68	4.705 \$			
PRESCRIPTION DRUGS	2,785	12 , 974	716,530.21	55.23	3.261	257.28	180.08	
SNF/ICF	930	5 , 866	305,669.00	52.11	1.474	328.68	76.82	
OUTPATIENTS	1,867	7,108	410,861.21	57.80	1.786	220.06	103.26	
MEDICAL SUPPLIES	104	5 , 747	7,601.71	1.32	1.444	73.09	1.91	
@DENTIST	181	555 \$,	\$ 60.59	.139 \$	185.77	•	
VISITS - DIAGNOSTIC	123	352	5 , 600.25	15.91	.088	45.53	1.41	
ORAL SURGERY	18	61	3,800.00	62.30	.015	211.11	.96	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	2	2	400.00	200.00	.001	200.00	.10	
ENDODONTICS	6	6	1,425.00	237.50	.002	237.50	.36	
RESTORATIVE DENTISTRY	23	49	5,360.00	109.39	.012	233.04	1.35	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	45	78	16,915.00	216.86	.020	375.89	4.25	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.0	0 (
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.0	10
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.0	0 0
ALL OTHER SERVICES	6	7	125.00	17.86	.002	20.83	.0	13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE	826
MOP024	FEE-FOR-SERVICE/DENTA	AL.					01/17	/03
AMADOR COUNTY	SUMMARY OF SERVICES F	OR 55 ALL AGE	ID .					

AMADOR COUNTY	SUMMARY OF SERVI	CES FOR 55 ALL	AGED					ONTE		с п	
2 070 51 50555			_		2				HLY AVERA	GE	
3,979 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST					COST PER
0.0000000000000000000000000000000000000	1.4.6	OR DAYS OF CAR		6 641 50		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	146	288	\$	6,641.59	\$	23.06	.072	Ş	45.49	Ş	1.67
DIAGNOSTIC AND ANC. PROCED	57	57		836.84		14.68	.014		14.68		.21
EYE APPLIANCES	74	193		4,942.38		25.61	.049		66.79		1.24
OTHER OPTOMETRIC SERVICES	30	38	_	862.37	_	22.69	.010	_	28.75	_	.22
@CHIROPRACTOR	5	7	\$	94.30	\$	13.47	.002	Ş	18.86	Ş	.02
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	5	7		94.30		13.47	.002		18.86		.02
@PODIATRIST_	240	260	\$	2,563.82	\$	9.86	.065	Ş	10.68	\$.64
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	240	260		2,563.82		9.86	.065		10.68		.64
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		.00	\$.00
NURSE ANESTHESIST	2	3	\$	43.06	\$	14.35	.001		21.53	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		2	\$	41.20	\$	20.60	.001		20.60	\$.01
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	124	653	\$	59,828.05	\$	91.62	.164	\$	482.48	\$	15.04
HOSP INPATIENT TOTAL	52	233		51 , 549.97		221.24	.059		991.35		12.96
HSC HOSPITALS	3	23		15 , 776.71		685.94	.006		5258.90		3.96
NON-HSC HOSPITAL TOTAL	0	0		406.24		.00	.000		.00		.10
ACCOMMODATIONS	0	0		406.12		.00	.000		.00		.10
ADMINISTRATIVE DAYS	0	0		3.66		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		402.46		.00	.000		.00		.10
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.12		.00	.000		.00		.00
INPATIENT CROSSOVERS	49	210		35 , 366.76		168.41	.053		721.77		8.89
ALL OTHER INPATIENT	0	0		.26		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	73	420		8,278.08		19.71	.106		113.40		2.08
MEDICAL	2	2		129.19		64.60	.001		64.60		.03
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	15		200.85		13.39	.004		66.95		.05
RADIOLOGY	5	8		794.33		99.29	.002		158.87		.20
ROOM USE	2	3		88.31		29.44	.001		44.16		.02
CROSSOVERS/ALL OTH OUTPINT	66	392		7,065.40		18.02	.099		107.05		1.78
@COUNTY HOSPITAL TOTAL	2	27	\$	1,645.28	\$	60.94	.007	\$	822.64	\$.41
CO HOSPITAL INPATIENT TOTAL	2	27		1,624.00		60.15	.007		812.00		.41
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	27		1,624.00		60.15	.007		812.00		.41
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0		0		21.28	.00	.000	.00		.01
MEDICAL	0		0		.00	.00	.000	.00		.00
SURGERY	0		0		.00	.00	.000	.00		.00
PATHOLOGY	0		0		.00	.00	.000	.00		.00
RADIOLOGY	0		0		.00	.00	.000	.00		.00
ROOM USE	0		0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		21.28	.00	.000	.00		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXI	PENDITUR	ES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PA	GE 827
MOP024	FEE-FOR-SERVICE	E/DENTAL								01/17/03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR	55 ALL A	AGED						
							MON	THLY AVERA	.GE -	
3,979 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	С	OST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	122		626	\$	58,182.77	\$ 92.94	.157 \$	476.91	\$	14.62
COMM HOSP INPATIENT TOTAL	50		206		49,925.97	242.36	.052	998.52		12.55
HSC HOSPITALS	3		23		15 , 776.71	685.94	.006	5258.90		3.96
NON-HSC HOSPITALS TOTAL	0		0		406.24	.00	.000	.00		.10
ACCOMMODATIONS	0		0		406.12	.00	.000	.00		.10
ADMINISTRATIVE DAYS	0		0		3.66	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		402.46	.00	.000	.00		.10
ALL OTHER ACCOM	0		0		.00	.00	.000	.00		.00
ANCILLARIES	0		0		.12	.00	.000	.00		.00
INPATIENT CROSSOVERS	47		183		33,742.76	184.39	.046	717.93		8.48
ALL OTHER INPATIENT	0		0		.26	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	73		420		8,256.80	19.66	.106	113.11		2.08
MEDICAL	2		2		129.19	64.60	.001	64.60		.03
SURGERY	0		0		.00	.00	.000	.00		.00
PATHOLOGY	3		15		200.85	13.39	.004	66.95		.05
RADIOLOGY	5		8		794.33	99.29	.002	158.87		.20
ROOM USE	2		3		88.31	29.44	.001	44.16		.02
CROSSOVERS/ALL OTH OUTPTNT	66		392		7,044.12	17.97	.099	106.73		1.77
@STATE HOSPITAL	0		0	\$.00	\$.00	.000 \$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1,078	34 , 679	\$	3,540,404.41	\$	102.09	8.716	\$	3284.23	\$	889.77
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	1	139		73,946.45		531.99	.035		73946.45		18.58
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1,077	34,540		3,466,457.96		100.36	8.681		3218.62		871.19
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	9	16	\$	6 , 576.68	\$	411.04	.004	\$	730.74	\$	1.65
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	9	16		6 , 576.68		411.04	.004		730.74		1.65
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	11	16	\$	263.08	\$	16.44	.004	\$	23.92	\$.07
PATHOLOGY	1	1		28.00		28.00	.000		28.00		.01
XO AND OTHERS	10	15		235.08		15.67	.004		23.51		.06
@ORGANIZED OUTPATIENT CLINIC	241	351	\$	17,607.43	\$	50.16	.088	\$	73.06	\$	4.43
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	4	4		787.56		196.89	.001		196.89		.20
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	238	347		16,819.87		48.47	.087		70.67		4.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES 1	MONTH-OF-PAYMENT RI	EPOR?	r for jan	2002 THRU	DEC	2002	PF	AGE 828
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/17/03

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 3,979 ELIGIBLES USERS UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 200.79 \$ @ALL OTHER PROVIDERS 659 15,501 132,319.30 8.54 3.896 \$ 33.25 5,293.78 33.29 220.57 1.33 DURABLE MED. EQUIP. 24 159 .040 .00 BLOOD BANK Ο Ω .00 .000 .00 .00 HEARING AID DISPENSERS 10 19 325.52 .005 618.49 6,184.94 MEDICAL TRANSPORTATION 126 1,794 9,830.37 5.48 .451 78.02 2.47 AMBULANCES/AIR TRANS 2 14 360.53 25.75 .004 180.27 .09 OTHER TRANS 16 210 760.80 3.62 .053 47.55 .19 OTHER SERVICES 1,570 111 8,709.04 5.55 .395 78.46 2.19 ACUPUNCTURE 11 46 789.36 17.16 .012 71.76 .20

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SUMMARY OF SERVICES FOR 55 ALL AGED

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AMADOR COUNTY

ADULT DAY HEALTH CARE CTR

IHMC, MODEL-NF, NF, AIDS, MSSP

GENETIC DISEASE TESTING

OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

PHYSICAL THERAPIST

PORTABLE X-RAY

PROSTHETICS

HOSPICE SERVICES

ORTHOTICS

PSYCHOLOGIST

OPTICIAN

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	317	12,174	23,319.91	1.92	3.060	73.56	5.86
@CALIF. CHILDREN SERVICES*	1	2	\$ 149.92	\$ 74.96	.001	\$ 149.92	\$.04
@XOVER EXCLUDING STATE HOSP**	1,189	9,036	\$ 189,172.77	\$ 20.94	2.271	\$ 159.10	\$ 47.54

 $[\]ensuremath{ @^{*}}$ TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 829
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

AMADOR COUNTY	SUMMARY OF SER	VICES FOR 56 ALL	BLIND						
							ONTHLY AVERA		
80 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST				COST PER
_		OR DAYS OF CAR			PER UNIT/DAY	_	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	75	16,180	\$	68,375.49	\$ 4.23	202.250			854.69
@PHYSICIANS SERVICES	34	204	\$	7,236.33	\$ 35.47	2.550		Ş	90.45
OUTPATIENT VISITS	8	9		439.73	48.86	.113	54.97		5.50
OFFICE VISITS	8	8		344.25	43.03	.100	43.03		4.30
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	1	1		95.48	95.48	.013	95.48		1.19
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	5	50		3,233.74	64.67	.625	646.75		40.42
HOSPITAL VISITS	5	45		2,214.56	49.21	.563	442.91		27.68
CRITICAL CARE	1	5		1,019.18	203.84	.063	1019.18		12.74
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	5	25		2,356.51	94.26	.313	471.30		29.46
PRINCIPAL SURGEON	2	4		1,819.08	454.77	.050	909.54		22.74
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	3	21		537.43	25.59	.263	179.14		6.72
OUTPATIENT SURGERY	1	1		44.68	44.68	.013	44.68		.56
PRINCIPAL SURGEON	1	1		44.68	44.68	.013	44.68		.56
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	2	7		236.93	33.85	.088	118.47		2.96
RADIOLOGY	5	10		268.38	26.84	.125	53.68		3.35
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	23	102		656.36	6.43	1.275	28.54		8.20
@PHARMACY	61	2,218	\$	14,914.70	\$ 6.72	27.725	\$ 244.50	\$	186.43
PRESCRIPTION DRUGS	59	253		13,477.87	53.27	3.163	228.44		168.47
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	59	253		13,477.87	53.27	3.163	228.44		168.47
MEDICAL SUPPLIES	7	1,965		1,436.83	.73	24.563	205.26		17.96
@DENTIST	2	3	\$	915.00	\$ 305.00	.038	\$ 457.50	\$	11.44
VISITS - DIAGNOSTIC	1	1		15.00	15.00	.013	15.00		.19
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.00	.025	900.00	11.25
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE 830
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES	FOR 56 ALL BL	IND				

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 80 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 242.80 \$ @OPTOMETRIST 3 8 728.41 91.05 .100 \$ 9.11 0 .00 .00 .00 DIAGNOSTIC AND ANC. PROCED .000 .00 242.80 8 728.41 91.05 .100 9.11 EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES @CHIROPRACTOR .00 \$.00 .000 \$.00 .00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST 0 .00 .00 .000 .00 .00 0 .00 .000 .00 .00 MEDICINE/INJECTIONS .00 .00 .00 .000 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 5 374.30 74.86 .063 374.30 4.68 @HOME HEALTH AGENCY .00 \$.00 .000 .00 \$.00 NURSE ANESTHESIST .00 Ś .00 .000 .00 Ś NURSE MIDWIFE .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 0 .000 FAMILY NURSE PRACTITIONER .00 .00 .00 Ś .00 73 @TOTAL HOSPITAL 25,732.40 352.50 .913 \$ 1608.28 21 23,940.00 HOSP INPATIENT TOTAL 1140.00 .263 11970.00 299.25 21 23,940.00 1140.00 .263 11970.00 299.25 HSC HOSPITALS .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 1,792.40 34.47 .650 112.03 HOSP OUTPATIENT TOTAL 22.41 622.62 77.83 88.95 MEDICAL 8 .100 7.78 0 SURGERY .00 .00 .000 .00 .00 22 PATHOLOGY 282.92 12.86 .275 47.15 3.54 5 280.42 56.08 .063 70.11 3.51 RADIOLOGY 5 ROOM USE 236.60 47.32 .063 47.32 2.96 12 369.84 30.82 41.09 CROSSOVERS/ALL OTH OUTPTNT .150 4.62 0 .00 .00 .00 @COUNTY HOSPITAL TOTAL .000 .00 .00 .00 .000 .00 CO HOSPITAL INPATIENT TOTAL .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	C 2002	PAGE 831
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FO	OR 56 ALL BLIN	D				
					MONT	DITTY ATTEDAC	יהי

----- MONTHLY AVERAGE -----80 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 73 25,732.40 \$ 352.50 .913 \$ 1608.28 \$ 321.66 16 21 COMM HOSP INPATIENT TOTAL 2 23,940.00 1140.00 .263 11970.00 299.25 11970.00 299.25 HSC HOSPITALS 23,940.00 1140.00 .263 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 0 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 .00 .00 .00 INPATIENT CROSSOVERS .000 .00 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 16 .650 112.03 1,792.40 34.47 22.41 8 622.62 77.83 88.95 MEDICAL .100 7.78 0 SURGERY .00 .00 .000 .00 .00 282.92 .275 PATHOLOGY 12.86 47.15 3.54 5 RADIOLOGY 280.42 56.08 .063 70.11 3.51 5 .063 236.60 47.32 47.32 2.96 ROOM USE 12 369.84 30.82 .150 41.09 CROSSOVERS/ALL OTH OUTPTNT 4.62 @STATE HOSPITAL 0 .00 \$.00 .000 \$.00 .00 0 MENTALLY ILL .00 .00 .000 .00 .00 0 DEVELOP. DISABLED .00 .00 .000 .00 .00 0 @NURSING FACILITY .00 .00 .000 .00 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 . 00 .00 .00 .00 .000 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .000 .00 0 LEV B-REGULAR .00 .00 .000 .00 .00 .00 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 ICF DDH 0 .00 .00 .000 .00 .00 ICF DD 0 .00 .00 .00 .00 .000 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 11 2,775.61 252.33 .138 925.20 34.70 @HEMODIALYSIS TOTAL .00 0 .00 .00 .000 .00 HOSPITAL BASED HEMODIALYSIS CENTER 11 2,775.61 252.33 .138 925.20 34.70

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@REHABILITATION FACILITY

HOSPITAL BASED

INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	10.11	\$	10.11	.013	\$	10.11	\$.13
PATHOLOGY	1	1		10.11		10.11	.013		10.11		.13
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	15	27	\$	881.00	\$	32.63	.338	\$	58.73	\$	11.01
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	15	27		881.00		32.63	.338		58.73		11.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES MO	ONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 832
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 56 ALL	BLINI								
							M	ONT	HLY AVERA	GE	
80 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	35	13,630	\$	14,807.63	\$	1.09	170.375	\$	423.08	\$	185.10
DURABLE MED. EQUIP.	4	7		1,538.07		219.72	.088		384.52		19.23
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	12	4,830		8,503.87		1.76	60.375		708.66		106.30
AMBULANCES/AIR TRANS	1	46		277.95		6.04	.575		277.95		3.47
OTHER TRANS	5	4,618		7,671.10		1.66	57.725		1534.22		95.89
OTHER SERVICES	8	166		554.82		3.34	2.075		69.35		6.94
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00

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IHMC, MODEL-NF, NF, AIDS, MSSP

OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

PHYSICAL THERAPIST

PORTABLE X-RAY

OPTICIAN

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0

0

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PROSTHETICS	2	4	814.92	203.73	.050	407.46	10.19
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	146	615.77	4.22	1.825	102.63	7.70
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	22	8,643	3,335.00	.39	108.038	151.59	41.69
@CALIF. CHILDREN SERVICES*	9	97	\$ 31,023.63	\$ 319.83	1.213	\$ 3447.07	\$ 387.80
@XOVER EXCLUDING STATE HOSP**	33	320	\$ 4,957.29	\$ 15.49	4.000	\$ 150.22	\$ 61.97

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

PAGE 833

01/17/03

AMADOR COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

AMADON COUNTI	SOMMAKI OF SEK	VICES FOR 37 ALL I	DISAD	160				
						MON		-
6,752 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5 , 323	154,008	\$	3,640,007.67	\$ 23.64	22.809 \$		•
@PHYSICIANS SERVICES	1,607	5,963	\$	•	\$ 25.74	.883 \$		•
OUTPATIENT VISITS	691	1,044		34,616.73	33.16	.155	50.10	5.13
OFFICE VISITS	596	860		27,572.17	32.06	.127	46.26	4.08
HOME VISITS	7	7		309.30	44.19	.001	44.19	.05
EMERGENCY ROOM	55	81		4,382.99	54.11	.012	79.69	.65
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1		101.05	101.05	.000	101.05	.01
OTHER OUTPATIENT	74	95		2,251.22	23.70	.014	30.42	.33
INPATIENT VISITS	89	254		11,624.08	45.76	.038	130.61	1.72
HOSPITAL VISITS	67	208		9,353.57	44.97	.031	139.61	1.39
CRITICAL CARE	8	14		1,388.90	99.21	.002	173.61	.21
SNF/ICF/TRANS IP CARE	22	32		881.61	27.55	.005	40.07	.13
OPHTHALMOLOGICAL SERVICES	10	11		483.55	43.96	.002	48.36	.07
EXAMINATIONS	10	11		483.55	43.96	.002	48.36	.07
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	38	735		16,965.91	23.08	.109	446.47	2.51
PRINCIPAL SURGEON	19	25		11,454.81	458.19	.004	602.88	1.70
ASSISTANT SURGEON	3	4		960.16	240.04	.001	320.05	.14
ANESTHESIOLOGIST	20	706		4,550.94	6.45	.105	227.55	.67
OUTPATIENT SURGERY	113	238		17,762.57	74.63	.035	157.19	2.63
PRINCIPAL SURGEON	93	113		14,701.26	130.10	.017	158.08	2.18
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	24	125		3,061.31	24.49	.019	127.55	.45
DIALYSIS	12	22			120.83	.003	221.52	.39
PATHOLOGY	111	302		3,908.46	12.94	.045	35.21	.58
RADIOLOGY	339	598		20,119.40	33.64	.089	59.35	2.98
PSYCHIATRY	1	1		34.16	34.16	.000	34.16	.01
IMMUNIZATION AND INJECTION	47	152		3,575.57	23.52	.023	76.08	.53
OTHER SERVICES/ALL X-OVERS	791	2,606		41,747.39	16.02	.386	52.78	6.18
@PHARMACY	4,518	42,279	\$	1,975,650.27		6.262 \$		
PRESCRIPTION DRUGS	4,479	20,721	•		93.18	3.069	431.09	285.97
SNF/ICF	118	980			70.45	.145	585.06	10.22
OUTPATIENTS	4,364	19,741			94.31		426.63	275.74
	•	•		, ,				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	365	21,558	44,796.84	2.08	3.193	122.73	6.63
@DENTIST	349	1,599 \$	79,287.80	\$ 49.59	.237	\$ 227.19	\$ 11.74
VISITS - DIAGNOSTIC	218	923	13,568.00	14.70	.137	62.24	2.01
ORAL SURGERY	53	244	14,084.00	57.72	.036	265.74	2.09
DRUGS	6	7	90.00	12.86	.001	15.00	.01
ANESTHESIA	5	5	580.00	116.00	.001	116.00	.09
PERIODONTICS	23	29	4,910.00	169.31	.004	213.48	.73
ENDODONTICS	27	37	9,157.00	247.49	.005	339.15	1.36
RESTORATIVE DENTISTRY	88	271	22,236.50	82.05	.040	252.69	3.29
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	44	77	13,892.00	180.42	.011	315.73	2.06
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	4	4	720.30	180.08	.001	180.08	.11
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	2	50.00	25.00	.000	50.00	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DI	EC 2002	PAGE 834
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	57 ALL DI	SABLED				

AMADON COUNTI	SOMMAKI OF SEK	VICES FOR 57 ALL	DISAL	טמעכ			3.4	ONTE		с п	
6 750 71 70 77 70							M			-	
6,752 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	_		UNITS/DAY	-			COST PER
0.0000000000000000000000000000000000000	0.00	OR DAYS OF CARE		11 116 00			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	229	546	\$,		0.96	.081	Ş	49.98	Ş	1.70
DIAGNOSTIC AND ANC. PROCED	125	124		4,130.58		3.31	.018		33.04		.61
EYE APPLIANCES	140	383		6,274.46		5.38	.057		44.82		.93
OTHER OPTOMETRIC SERVICES	35	39		1,041.25	. 26	5.70	.006		29.75		.15
@CHIROPRACTOR	22	33	\$			5.49	.005	\$	24.74	\$.08
VISITS	18	25		413.82		6.55	.004		22.99		.06
OTHER SERVICES	4	8		130.46		5.31	.001		32.62		.02
@PODIATRIST	50	75	\$,		3.54	.011	\$	35.32	\$.26
MEDICINE/INJECTIONS	20	24		750.40		1.27	.004		37.52		.11
SURGERY/ANES.	2	3		62.02		0.67	.000		31.01		.01
RADIO./PATHOLOGY	2	3		51.90	1	7.30	.000		25.95		.01
OTHER	28	45		901.54	20	0.03	.007		32.20		.13
@HOME HEALTH AGENCY	27	1,108	\$	35,395.21	\$ 31	1.95	.164	\$	1310.93	\$	5.24
NURSE ANESTHESIST	6	72	\$	183.55	\$ 2	2.55	.011	\$	30.59	\$.03
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,121	7,961	\$	602,678.01	\$ 75	5.70	1.179	\$	537.63	\$	89.26
HOSP INPATIENT TOTAL	97	430		391,185.48	909	9.73	.064		4032.84		57.94
HSC HOSPITALS	22	85		96,211.03	1131	1.89	.013		4373.23		14.25
NON-HSC HOSPITAL TOTAL	37	139		265,364.46	1909	9.10	.021		7172.01		39.30
ACCOMMODATIONS	37	139		75,172.74	540	0.81	.021		2031.70		11.13
ADMINISTRATIVE DAYS	0	0		3.03		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		100.68		.00	.000		.00		.01
ALL OTHER ACCOM	37	139		75,069.03	540	0.06	.021		2028.89		11.12
ANCILLARIES	37	0		190,191.72		.00	.000		5140.32		28.17
INPATIENT CROSSOVERS	39	206		29,609.99	143	3.74	.031		759.23		4.39
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,066	7,531		211,492.53	28	3.08	1.115		198.40		31.32
MEDICAL	316	479		29,433.62		1.45	.071		93.14		4.36
SURGERY	55	55		3,454.89		2.82	.008		62.82		.51
PATHOLOGY	523	2,788		32,966.60		1.82	.413		63.03		4.88
RADIOLOGY	327	530		56,581.11		5.76	.078		173.03		8.38
ROOM USE	474	714		32,138.39		5.01	.106		67.80		4.76
				•							

CROSSOVERS/ALL OTH OUTPTNT	399	2,965		56,917.92		19.20	.439	142.65		8.43
@COUNTY HOSPITAL TOTAL	29	168	\$	10,063.67	\$	59.90	.025	\$ 347.02	\$	1.49
CO HOSPITAL INPATIENT TOTAL	1	5		4,575.00		915.00	.001	4575.00		.68
HSC HOSPITALS	1	5		4,575.00		915.00	.001	4575.00		.68
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	28	163		5,488.67		33.67	.024	196.02		.81
MEDICAL	13	22		1,355.37		61.61	.003	104.26		.20
SURGERY	2	2		134.95		67.48	.000	67.48		.02
PATHOLOGY	22	69		738.59	1	10.70	.010	33.57		.11
RADIOLOGY	12	18		1,223.07		67.95	.003	101.92		.18
ROOM USE	17	27		1,188.41		44.02	.004	69.91		.18
CROSSOVERS/ALL OTH OUTPTNT	10	25		848.28		33.93	.004	84.83		.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE	ES MONTH-O	F-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 2002	PAG	GE 835
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	57 ALL I	DISABLED							

----- MONTHLY AVERAGE -----

6,752 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		S COST PE	_	COST PER
0, 702 HITCIPHE	ODERO	OR DAYS OF CARE		EMPLICATION	PER UNIT/DAY	PER ELIG			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,101	7,793	\$	592,614.34	\$ 76.04	1.154		5 \$	
COMM HOSP INPATIENT TOTAL	96	425	·	386,610.48	909.67	.063	4027.1		57.26
HSC HOSPITALS	21	80		91,636.03	1145.45	.012	4363.6	2	13.57
NON-HSC HOSPITALS TOTAL	37	139		265,364.46	1909.10	.021	7172.0		39.30
ACCOMMODATIONS	37	139		75,172.74	540.81	.021	2031.7)	11.13
ADMINISTRATIVE DAYS	0	0		3.03	.00	.000	.0)	.00
TRANSITIONAL IP CARE	0	0		100.68	.00	.000	.0)	.01
ALL OTHER ACCOM	37	139		75,069.03	540.06	.021	2028.8	9	11.12
ANCILLARIES	37	0		190,191.72	.00	.000	5140.3	2	28.17
INPATIENT CROSSOVERS	39	206		29,609.99	143.74	.031	759.2	3	4.39
ALL OTHER INPATIENT	0	0		.00	.00	.000	.0		.00
COMM HOSP OUTPATIENT TOTAL	1,047	7,368		206,003.86	27.96	1.091	196.7	5	30.51
MEDICAL	304	457		28,078.25	61.44	.068	92.3		4.16
SURGERY	53	53		3,319.94	62.64	.008	62.6	1	.49
PATHOLOGY	506	2,719		32,228.01	11.85	.403	63.6	9	4.77
RADIOLOGY	318	512		55 , 358.04	108.12	.076	174.0	3	8.20
ROOM USE	459	687		30,949.98	45.05	.102	67.4	3	4.58
CROSSOVERS/ALL OTH OUTPINT	390	2,940		56,069.64	19.07	.435	143.7	7	8.30
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.0) \$.00
MENTALLY ILL	0	0		.00	.00	.000	.0)	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.0)	.00
@NURSING FACILITY	97	2,761	\$	288,768.99	\$ 104.59	.409	\$ 2977.0) \$	42.77
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.0)	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.0)	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.0)	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.0)	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.0)	.00
LEV B-REGULAR	97	2 , 761		288,768.99	104.59	.409	2977.0)	42.77
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.0) \$.00
ICF DDH	0	0		.00	.00	.000	.0)	.00
ICF DD	0	0		.00	.00	.000	.0)	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	32	201	\$	43,902.89	\$	218.42	.030	\$	1371.97	\$	6.50
HOSPITAL BASED	11	153		30,954.32		202.32	.023		2814.03		4.58
HEMODIALYSIS CENTER	22	48		12,948.57		269.76	.007		588.57		1.92
@REHABILITATION FACILITY	0	0	\$	10.53	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		10.53		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	207	707	\$	9,272.03	\$	13.11	.105	\$	44.79	\$	1.37
PATHOLOGY	189	686		8,951.23		13.05	.102		47.36		1.33
XO AND OTHERS	18	21		320.80		15.28	.003		17.82		.05
@ORGANIZED OUTPATIENT CLINIC	1,134	1,909	\$	197,105.53	\$	103.25	.283	\$	173.81	\$	29.19
CLINIC	2	6		90.01		15.00	.001		45.01		.01
SURGICENTER	7	50		1,849.59		36.99	.007		264.23		.27
HEROIN DETOX CLINIC	1	13		157.94		12.15	.002		157.94		.02
RURAL HEALTH CLINIC	1,126	1,840		195,007.99		105.98	.273		173.19		28.88
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	RES M	IONTH-OF-PAYMENT RI	EPOR:	r for Jan	2002 THRU	DEC	2002	P	AGE 836
MOP024	FEE-FOR-SERVICE/DENT	ΓAL									01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES	FOR 57 ALL	DISA	BLED							

6,752 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		S COST PER		COST PER
0,732 ELIGIBLES	USERS	OR DAYS OF CARE		EXPENDITORES	PER UNIT/DAY				ELIGIBLE
@ALL OTHER PROVIDERS	877	88,793	\$	240,470.87	\$ 2.71	13.151			35.61
DURABLE MED. EQUIP.	84	337	۲	56,159.41	166.65	.050	668.56	۲	
BLOOD BANK	04	20		306.00	15.30	.003	306.00		8.32
	Ţ	20							.05
HEARING AID DISPENSERS	1 - 1	0 517		-,		.001	673.74		.50
MEDICAL TRANSPORTATION	151	9,517		33,407.12	3.51	1.410	221.24		4.95
AMBULANCES/AIR TRANS	56	977		11,439.15	11.71	.145	204.27		1.69
OTHER TRANS	32	6,931		16,206.64	2.34	1.027	506.46		2.40
OTHER SERVICES	72	1,609		5,761.33	3.58	.238	80.02		.85
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	1	1		105.00	105.00	.000	105.00		.02
IHMC, MODEL-NF, NF, AIDS, MSSP	47	2 , 175		69,637.25	32.02	.322	1481.64		10.31
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	140	310		3,452.30	11.14	.046	24.66		.51
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	1	2		59.36	29.68	.000	59.36		.01
PROSTHETIST/ORTHOTISTS	17	32		8,033.23	251.04	.005	472.54		1.19
PROSTHETICS	10	23		7,525.04	327.18	.003	752.50		1.11
ORTHOTICS	8	9		508.19	56.47	.001	63.52		.08
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	24	88		3,638.01	41.34	.013	151.58		.54
HOSPICE SERVICES	2	8		884.48	110.56	.001	442.24		.13
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	93	4,846		21,156.74	4.37	.718	227.49		3.13
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	1	1		29.48	29.48	.000	29.48		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	403	71,450		40,263.28	.56	10.582	99.91		5.96
@CALIF. CHILDREN SERVICES*	68	4,040	\$	67,229.95	\$ 16.64	.598	\$ 988.68	\$	9.96
@XOVER EXCLUDING STATE HOSP**	975	14,781	\$	•	\$ 7.90	2.189			17.29

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

THILDOIC COONTT	DOTEMENT OF DELIC	VICED FOR SO THE	T 1111111	LHO				
						MON	THLY AVERA	.GE
21,175 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	10,965	61,631	\$	3,385,774.80	\$ 54.94	2.911 \$	308.78	\$ 159.89
@PHYSICIANS SERVICES	3,296	10,097	\$	408,702.56	\$ 40.48	.477 \$	124.00	\$ 19.30
OUTPATIENT VISITS	2,053	2,843		102,557.97	36.07	.134	49.96	4.84
OFFICE VISITS	1,737	2,261		73,632.31	32.57	.107	42.39	3.48
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	136	145		6,650.35	45.86	.007	48.90	.31
PREVENTIVE CARE	5	5		225.71	45.14	.000	45.14	.01
OB VISITS/COMPRE PERI	160	367		20,198.04	55.04	.017	126.24	.95
OTHER OUTPATIENT	61	65		1,851.56	28.49	.003	30.35	.09
INPATIENT VISITS	171	589		45 , 709.96	77.61	.028	267.31	2.16
HOSPITAL VISITS	156	334		15,552.42	46.56	.016	99.70	.73
CRITICAL CARE	24	254		30,130.04	118.62	.012	1255.42	1.42
SNF/ICF/TRANS IP CARE	1	1		27.50	27.50	.000	27.50	.00
OPHTHALMOLOGICAL SERVICES	7	9		447.81	49.76	.000	63.97	.02
EXAMINATIONS	7	9		447.81	49.76	.000	63.97	.02
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	213	2,031		96,325.24	47.43	.096	452.23	4.55
PRINCIPAL SURGEON	124	140		71,998.52	514.28	.007	580.63	3.40
ASSISTANT SURGEON	32	33		5,013.23	151.92	.002	156.66	.24
ANESTHESIOLOGIST	99	1,858		19,313.49	10.39	.088	195.09	.91
OUTPATIENT SURGERY	365	1,168		74,124.11	63.46	.055	203.08	3.50
PRINCIPAL SURGEON	282	359		55 , 971.61	155.91	.017	198.48	2.64
ASSISTANT SURGEON	1	1		146.22	146.22	.000	146.22	.01
ANESTHESIOLOGIST	134	808		18,006.28	22.29	.038	134.38	.85
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	319	463		9,518.20	20.56	.022	29.84	.45
RADIOLOGY	957	1,457		38,712.25	26.57	.069	40.45	1.83
PSYCHIATRY	2	2		96.51	48.26	.000	48.26	.00

IMMUNIZATION AND INJECTION	85	185	6,228.16	33.67	.009	73.27		.29
OTHER SERVICES/ALL X-OVERS	345	1,350	34,982.35	25.91	.064	101.40	1	.65
@PHARMACY	5,824	16,275	\$ 697,729.60	\$ 42.87	.769	\$ 119.80	\$ 32	.95
PRESCRIPTION DRUGS	5 , 780	13,890	686,458.24	49.42	.656	118.76	32	.42
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	5,780	13,890	686,458.24	49.42	.656	118.76	32	.42
MEDICAL SUPPLIES	149	2,385	11,271.36	4.73	.113	75.65		.53
@DENTIST	925	4,694	\$ 203,209.49	\$ 43.29	.222	\$ 219.69	\$ 9	.60
VISITS - DIAGNOSTIC	607	2,609	40,552.30	15.54	.123	66.81	1	.92
ORAL SURGERY	121	329	20,161.60	61.28	.016	166.62		.95
DRUGS	14	16	190.00	11.88	.001	13.57		.01
ANESTHESIA	12	12	1,200.00	100.00	.001	100.00		.06
PERIODONTICS	31	31	4,520.00	145.81	.001	145.81		.21
ENDODONTICS	105	215	29,818.00	138.69	.010	283.98	1	.41
RESTORATIVE DENTISTRY	373	1,307	88,456.50	67.68	.062	237.15	4	.18
PROSTHETICS	3	3	90.00	30.00	.000	30.00		.00
DENTURES, STAYPLATES	27	109	11,279.00	103.48	.005	417.74		.53
SPACE MAINTAINERS	7	9	1,026.00	114.00	.000	146.57		.05
MAXILLOFACIAL SERVICES	6	7	476.09	68.01	.000	79.35		.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	28	42	5,365.00	127.74	.002	191.61		.25
ALL OTHER SERVICES	4	5	75.00	15.00	.000	18.75		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURE	S MONTH-OF-PAYMENT F	REPORT FOR JAN	2002 THRU D	DEC 2002	PAGE	838
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/	17/03

SUMMARY OF SERVICES FOR 58 ALL FAMILIES

AMADOR COUNTY

AMADOR COUNTI	SUMMARI OF SER	VICES FOR JO ALL	C WINT.	LIES					
							HLY AVERA	GE.	
21,175 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ERAGE COST	,	COST PER		COST PER
		OR DAYS OF CARE			R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	296	748	\$	18,705.81	\$ 25.01	.035	\$ 63.20	\$.88
DIAGNOSTIC AND ANC. PROCED	224	225		10,471.78	46.54	.011	46.75		.49
EYE APPLIANCES	169	479		7,276.37	15.19	.023	43.06		.34
OTHER OPTOMETRIC SERVICES	40	4 4		957.66	21.77	.002	23.94		.05
@CHIROPRACTOR	31	47	\$	718.96	\$ 15.30	.002	\$ 23.19	\$.03
VISITS	31	47		718.96	15.30	.002	23.19		.03
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	21	29	\$	979.70	\$ 33.78	.001	\$ 46.65	\$.05
MEDICINE/INJECTIONS	17	17		710.00	41.76	.001	41.76		.03
SURGERY/ANES.	5	10		235.10	23.51	.000	47.02		.01
RADIO./PATHOLOGY	2	2		34.60	17.30	.000	17.30		.00
OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	11	42	\$	2,655.56	\$ 63.23	.002	\$ 241.41	\$.13
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	3	18	\$	596.75	\$ 33.15	.001	\$ 198.92	\$.03
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$	75.17	\$ 75.17	.000	\$ 75.17	\$.00
@TOTAL HOSPITAL	3,542	14,268	\$	1,483,404.04	\$ 103.97	.674	\$ 418.80	\$	70.05
HOSP INPATIENT TOTAL	179	868		1,068,064.72	1230.49	.041	5966.84		50.44
HSC HOSPITALS	56	402		492,285.79	1224.59	.019	8790.82		23.25
NON-HSC HOSPITAL TOTAL	121	450		572,899.45	1273.11	.021	4734.71		27.06
ACCOMMODATIONS	119	450		186,848.31	415.22	.021	1570.15		8.82
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	119	450		186,848.31	415.22	.021	1570.15		8.82
ANCILLARIES	121	0		386,051.14	.00	.000	3190.51		18.23
INPATIENT CROSSOVERS	4	16		2,879.48	179.97	.001	719.87		.14
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00

HOSP OUTPATIENT TOTAL	3,444	13,400		415,339.32	31.00	.633	120.60		19.61
MEDICAL	1,798	2,329		114,497.75	49.16	.110	63.68		5.41
SURGERY	140	145		10,109.10	69.72	.007	72.21		.48
PATHOLOGY	1,357	5,109		62,982.33	12.33	.241	46.41		2.97
RADIOLOGY	901	1,264		83,689.39	66.21	.060	92.89		3.95
ROOM USE	2,029	2 , 697		114,519.80	42.46	.127	56.44		5.41
CROSSOVERS/ALL OTH OUTPINT	937	1,856		29,540.95	15.92	.088	31.53		1.40
@COUNTY HOSPITAL TOTAL	26	77	\$	6,232.52	\$ 80.94	.004	\$ 239.71	\$.29
CO HOSPITAL INPATIENT TOTAL	1	3		3,144.02	1048.01	.000	3144.02		.15
HSC HOSPITALS	1	3		3,144.02	1048.01	.000	3144.02		.15
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	25	74		3,088.50	41.74	.003	123.54		.15
MEDICAL	10	11		651.25	59.20	.001	65.13		.03
SURGERY	3	3		195.70	65.23	.000	65.23		.01
PATHOLOGY	8	23		355.65	15.46	.001	44.46		.02
RADIOLOGY	9	11		709.36	64.49	.001	78.82		.03
ROOM USE	13	18		1,018.24	56.57	.001	78.33		.05
CROSSOVERS/ALL OTH OUTPINT	6	8		158.30	19.79	.000	26.38		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITUR	RES MONTE	H-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU I	DEC 2002	PAGI	E 839
MOP024	FEE-FOR-SERVICE/DE	NTAL						ſ	01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES	S FOR 58 ALL	FAMILIES	5					

----- MONTHLY AVERAGE -----21,175 ELIGIBLES AVERAGE COST UNITS/DAYS COST PER USERS UNITS OF SERVICE EXPENDITURES COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE 3,526 14,191 @COMMUNITY HOSPITAL TOTAL 1,477,171.52 \$ 104.09 .670 \$ 418.94 \$ 69.76 COMM HOSP INPATIENT TOTAL 178 865 1,064,920.70 1231.12 .041 5982.70 50.29 399 HSC HOSPITALS 489,141.77 1225.92 .019 8893.49 23.10 NON-HSC HOSPITALS TOTAL 121 450 572,899.45 1273.11 .021 4734.71 27.06 119 450 186,848.31 415.22 .021 1570.15 8.82 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS 0 0 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM 119 450 186,848.31 415.22 .021 1570.15 8.82 121 ANCILLARIES 0 386,051.14 .00 .000 3190.51 18.23 INPATIENT CROSSOVERS 4 16 2,879.48 179.97 .001 719.87 .14 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 COMM HOSP OUTPATIENT TOTAL 3,429 13,326 412,250.82 30.94 .629 120.22 19.47 MEDICAL 1,789 2,318 113,846.50 49.11 .109 63.64 5.38 SURGERY 137 142 9,913.40 69.81 .007 72.36 .47 5,086 PATHOLOGY 1,349 62,626.68 12.31 .240 46.42 2.96 RADIOLOGY 895 1,253 82,980.03 66.23 .059 92.72 3.92 .127 2,020 2,679 113,501.56 42.37 56.19 5.36 ROOM USE CROSSOVERS/ALL OTH OUTPTNT 932 1,848 29,382.65 15.90 31.53 1.39 .087 0 \$ @STATE HOSPITAL 0 .00 .00 .000 \$.00 .00 0 0 .00 MENTALLY ILL .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .00 .000 .00 .00 .00 .000 \$.00 \$.00 @NURSING FACILITY .000 LEV A-INTERMEDIATE .00 .00 .00 .00 .000 .00 LEV B-REHAB MD .00 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	10	50	\$	1,147.95	\$	22.96	.002	\$	114.80	\$.05
HOSPITAL BASED	9	48		1,126.75		23.47	.002		125.19		.05
INDEPENDENT FACILITY	1	2		21.20		10.60	.000		21.20		.00
@LABORATORY FACILITY	513	1,234	\$	22,736.49	\$	18.43	.058	\$	44.32	\$	1.07
PATHOLOGY	512	1,232		22,676.24		18.41	.058		44.29		1.07
XO AND OTHERS	1	2		60.25		30.13	.000		60.25		.00
@ORGANIZED OUTPATIENT CLINIC	2,415	3 , 675	\$	449,807.96	\$	122.40	.174	\$	186.26	\$	21.24
CLINIC	50	206		5,344.36		25.94	.010		106.89		.25
SURGICENTER	25	190		6 , 156.87		32.40	.009		246.27		.29
HEROIN DETOX CLINIC	1	9		83.55		9.28	.000		83.55		.00
RURAL HEALTH CLINIC	2,346	3 , 270		438,223.18		134.01	.154		186.80		20.70
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	RES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 20	02 THRU	DEC	2002	PΖ	AGE 840
MOP024	FEE-FOR-SERVICE/DENT	ΓAL									01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES	FOR 58 ALT	. FAMTI	LIES							

----- MONTHLY AVERAGE -----

AMADOR COUNTY SUMMARY OF SERVICES FOR 58 ALL FAMILIES

21,175 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR		PER UNIT/DAY	PER ELIG		ELIGIBLE
@ALL OTHER PROVIDERS	1,347	10,453	\$ 95 , 304.76	\$ 9.12	.494	\$ 70.75	\$ 4.50
DURABLE MED. EQUIP.	34	115	5 , 767.71	50.15	.005	169.64	.27
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	129	2,452	35,801.97	14.60	.116	277.53	1.69
AMBULANCES/AIR TRANS	124	2,293	30,463.37	13.29	.108	245.67	1.44
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	8	159	5 , 338.60	33.58	.008	667.33	.25
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	56	56	4,046.00	72.25	.003	72.25	.19
IHMC, MODEL-NF, NF, AIDS, MSSP	2	8	363.44	45.43	.000	181.72	.02
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	178	378	3,538.62	9.36	.018	19.88	.17
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	17	35	7,284.91	208.14	.002	428.52	.34
PROSTHETICS	7	25	6,618.90	264.76	.001	945.56	.31
ORTHOTICS	10	10	666.01	66.60	.000	66.60	.03
PSYCHOLOGIST	1	9	550.79	61.20	.000	550.79	.03
SPEECH AND AUDIOLOGY	1	3	225.19	75.06	.000	225.19	.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	926	3 , 915	35,395.40	9.04	.185	38.22	1.67
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	21	3,482	2,330.73	.67	.164	110.99	.11
@CALIF. CHILDREN SERVICES*	92	602	\$ 317,754.45	\$ 527.83	.028	\$ 3453.85	\$ 15.01

@XOVER EXCLUDING STATE HOSP** 23 263 \$ 4,365.96 \$ 16.60 .012 \$ 189.82 \$.21

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----- MONTHLY AVERAGE -----

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

AMADOR COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

									HLY AVERA		
742 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVEI	RAGE COST	UNITS/DAY	S (COST PER	(COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	Ţ	ELIGIBLE
@TOTAL, ALL PROVIDERS	363	13,312 \$	Ì	157,775.93	\$	11.85	17.941	\$	434.64	\$	212.64
@PHYSICIANS SERVICES	116	457 \$	5	13,025.81	\$	28.50	.616	\$	112.29	\$	17.56
OUTPATIENT VISITS	67	89		3,981.00	·	44.73	.120		59.42		5.37
OFFICE VISITS	48	65		2,311.14		35.56	.088		48.15		3.11
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	8	9		488.07		54.23	.012		61.01		.66
	0	0									
PREVENTIVE CARE	•	<u> </u>		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	10	13		1,141.65		87.82	.018		114.17		1.54
OTHER OUTPATIENT	2	2		40.14		20.07	.003		20.07		.05
INPATIENT VISITS	15	61		2,980.33		48.86	.082		198.69		4.02
HOSPITAL VISITS	12	54		2,593.76		48.03	.073		216.15		3.50
CRITICAL CARE	2	2		254.27		127.14	.003		127.14		.34
SNF/ICF/TRANS IP CARE	2	5		132.30		26.46	.007		66.15		.18
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	6	31		1,726.55		55.70	.042		287.76		2.33
PRINCIPAL SURGEON	3	4		1,082.92		270.73	.005		360.97		1.46
	0	0		•							
ASSISTANT SURGEON	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	4	27		643.63		23.84	.036		160.91		.87
OUTPATIENT SURGERY	9	35		1,373.32		39.24	.047		152.59		1.85
PRINCIPAL SURGEON	8	9		1,009.47		112.16	.012		126.18		1.36
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	26		363.85		13.99	.035		121.28		.49
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	13	21		175.38		8.35	.028		13.49		.24
RADIOLOGY	35	63		1,499.67		23.80	.085		42.85		2.02
PSYCHIATRY	1	1		34.16		34.16	.001		34.16		.05
IMMUNIZATION AND INJECTION	2	- 5		30.01		6.00	.007		15.01		.04
OTHER SERVICES/ALL X-OVERS	19	151		1,225.39		8.12	.204		64.49		1.65
@PHARMACY	165	1,223 \$		17,429.95	\$	14.25	1.648	Ċ	105.64	Ċ	23.49
PRESCRIPTION DRUGS	156	302	7	16,255.84	Y	53.83	.407	Y	103.04	Y	21.91
	3	15		590.65		39.38	.020		196.88		.80
SNF/ICF											
OUTPATIENTS	155	287		15,665.19		54.58	.387		101.07		21.11
MEDICAL SUPPLIES	9	921		1,174.11		1.27	1.241		130.46		1.58
@DENTIST	37	156 \$	Ş	4,280.00	\$	27.44	.210	Ş	115.68	Ş	5.77
VISITS - DIAGNOSTIC	32	121		1,904.00		15.74	.163		59.50		2.57
ORAL SURGERY	4	7		675.00		96.43	.009		168.75		.91
DRUGS	1	1		15.00		15.00	.001		15.00		.02
ANESTHESIA	1	1		100.00		100.00	.001		100.00		.13
PERIODONTICS	1	1		55.00		55.00	.001		55.00		.07
ENDODONTICS	2	2		142.00		71.00	.003		71.00		.19
RESTORATIVE DENTISTRY	- 8	21		1,354.00		64.48	.028		169.25		1.82
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
STACE MAINIAINEKS	U	U		.00		.00	.000		.00		.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	35.00	17.50	.003	17.50	.05
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU D	EC 2002	PAGE 842
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES F	OR 59 ALL MEI	DICALLY INDIGENT				

AMADON COUNTI	SOMMAN OF SER	VICES FOR 33 ALI	ו ויוניו ו	CALLI INDIGENI			MC	דואר	THLY AVERA	CF	
742 ELIGIBLES	USERS	UNITS OF SERVIC	יםי	EXPENDITURES	7\ \ 7	ERAGE COST			COST PER	.GE	COST PER
742 EDIGIDLES	CNITCO	OR DAYS OF CAR		EAFENDITORES		R UNIT/DAY	PER ELIG	ر	USER		ELIGIBLE
@OPTOMETRIST	5	OR DATS OF CAL	\$	335.07	\$	30.46	.015	Ċ	67.01	Ċ	.45
DIAGNOSTIC AND ANC. PROCED	3	7 1	Y	142.35	Y	47.45	.013	Y	47.45	Ÿ	.19
EYE APPLIANCES	2	5		85.70		14.28	.004		42.85		.12
OTHER OPTOMETRIC SERVICES	2	2		107.02		53.51	.003		53.51		.14
@CHIROPRACTOR	1		\$	16.72	\$	16.72	.003	Ċ		Ċ	.02
VISITS	1	1	Ş	16.72	ې	16.72	.001	Ą	16.72	Ą	.02
	1	Τ									
OTHER SERVICES	0	0	<u> </u>	.00	Ċ	.00	.000	Ċ	.00	ċ	.00
@PODIATRIST	0	0	\$.00	Ą	.00	.000	Ş	.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	U	U		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	U	0		.00		.00	.000		.00		.00
OTHER	0	0	_	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	Ş	.00	Ş	.00		Ş	.00	Ş	.00
NURSE ANESTHESIST	0	0	Ş	.00	Ş	.00	.000	Ş	.00	Ş	.00
NURSE MIDWIFE	0	0	Ş	.00	Ş	.00	.000	Ş	.00	Ş	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	Ş	.00	.000	Ş	.00	Ş	.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000	\$.00	Ş	.00
@TOTAL HOSPITAL	116	594	\$	83,215.94	\$	140.09	.801	\$	717.38	\$	112.15
HOSP INPATIENT TOTAL	12	45		66,313.46		1473.63	.061		5526.12		89.37
HSC HOSPITALS	4	11		11,940.00		1085.45	.015		2985.00		16.09
NON-HSC HOSPITAL TOTAL	8	34		54 , 373.46		1599.22	.046		6796.68		73.28
ACCOMMODATIONS	8	34		16,586.82		487.85	.046		2073.35		22.35

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	8	34	16,586.82	487.85	.046	2073.35	22.35
ANCILLARIES	8	0	37,786.64	.00	.000	4723.33	50.93
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	108	549	16,902.48	30.79	.740	156.50	22.78
MEDICAL	59	80	5,021.99	62.77	.108	85.12	6.77
SURGERY	4	4	116.89	29.22	.005	29.22	.16
PATHOLOGY	53	241	2,930.77	12.16	.325	55.30	3.95
RADIOLOGY	38	65	3,645.39	56.08	.088	95.93	4.91
ROOM USE	64	83	3,682.54	44.37	.112	57.54	4.96
CROSSOVERS/ALL OTH OUTPINT	42	76	1,504.90	19.80	.102	35.83	2.03
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
	MEDI-CAL SERVIC	ES AND EXPENDITURES I	MONTH-OF-PAYMENT RE			C 2002	PAGE 843
MOP024	FEE-FOR-SERVICE						01/17/03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 59 ALL MED:	ICALLY INDIGENT				
					MON	THLY AVERA	GE
742 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	116	594 \$	83,215.94	\$ 140.09	.801 \$		
COMM HOSP INPATIENT TOTAL	12	45	66,313.46	1473.63	.061	5526.12	89.37
HSC HOSPITALS	4	11	11,940.00	1085.45	.015	2985.00	16.09
NON-HSC HOSPITALS TOTAL	8	34	54,373.46	1599.22	.046	6796.68	73.28
ACCOMMODATIONS	8	3.4	16 586 82	487 85	046	2073 35	22 35

742 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	116	594	\$ 83,215.94	\$ 140.09	.801	\$ 717.38	\$	112.15
COMM HOSP INPATIENT TOTAL	12	45	66,313.46	1473.63	.061	5526.12		89.37
HSC HOSPITALS	4	11	11,940.00	1085.45	.015	2985.00		16.09
NON-HSC HOSPITALS TOTAL	8	34	54,373.46	1599.22	.046	6796.68		73.28
ACCOMMODATIONS	8	34	16,586.82	487.85	.046	2073.35		22.35
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	8	34	16,586.82	487.85	.046	2073.35		22.35
ANCILLARIES	8	0	37 , 786.64	.00	.000	4723.33		50.93
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	108	549	16,902.48	30.79	.740	156.50		22.78
MEDICAL	59	80	5,021.99	62.77	.108	85.12		6.77
SURGERY	4	4	116.89	29.22	.005	29.22		.16
PATHOLOGY	53	241	2,930.77	12.16	.325	55.30		3.95
RADIOLOGY	38	65	3,645.39	56.08	.088	95.93		4.91
ROOM USE	64	83	3,682.54	44.37	.112	57.54		4.96
CROSSOVERS/ALL OTH OUTPINT	42	76	1,504.90	19.80	.102	35.83		2.03
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	3	190	\$	17,645.60	\$	92.87	.256	\$	5881.87	\$	23.78
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	3	190		17,645.60		92.87	.256		5881.87		23.78
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	24	101	\$	1,760.05	\$	17.43	.136	\$	73.34	\$	2.37
PATHOLOGY	24	101		1,760.05		17.43	.136		73.34		2.37
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	30	41	\$	5,903.88	\$	144.00	.055	\$	196.80	\$	7.96
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	30	41		5,903.88		144.00	.055		196.80		7.96
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES M	IONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	.GE 844
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/0
AMADOR COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

----- MONTHLY AVERAGE -----

742 ELIGIBLES	HCEDC	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	IINITEC / DAVC	COST PER	COST PER
/42 FTIGIDTE2	USERS		EXPENDITURES		, -		
	4.0	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	48	10,538 \$	14,162.91	\$ 1.34	14.202 \$		·
DURABLE MED. EQUIP.	2	3	135.24	45.08	.004	67.62	.18
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	393	2,878.14	7.32	.530	261.65	3.88
AMBULANCES/AIR TRANS	11	393	2,878.14	7.32	.530	261.65	3.88
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	4	4	420.00	105.00	.005	105.00	.57
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	33.28	8.32	.005	16.64	.04
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	53.93	26.97	.003	53.93	.07
PROSTHETICS	1	1	9.85	9.85	.001	9.85	.01
ORTHOTICS	1	1	44.08	44.08	.001	44.08	.06
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	11	791	4,677.27	5.91	1.066	425.21	6.30
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	19	9,341	5,965.05	.64	12.589	313.95	8.04
@CALIF. CHILDREN SERVICES*	1	3CR \$	806.83	\$ 268.94CR	.004CR\$	806.83 \$	1.09
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

 $[\]ensuremath{\text{@}}\star$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 845 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024	FEE-FOR-SERVIC	E/DENTAL									01/17/03
AMADOR COUNTY	SUMMARY OF SER	VICES FOR	60 RENA	AL DI	ALYSIS		AID CO	DES			
								M	TИC	HLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS	OF CARE	3		PER	UNIT/DAY			USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$		\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$		\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00	.00
OFFICE VISITS	0		0		.00		.00	.000		.00	.00
HOME VISITS	0		0		.00		.00	.000		.00	.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00	.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00	.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00	.00
INPATIENT VISITS	0		0		.00		.00	.000		.00	.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00	.00
CRITICAL CARE	0		0		.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00	.00
EXAMINATIONS	0		0		.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
DIALYSIS	0		0		.00		.00	.000		.00	.00
PATHOLOGY	0		0		.00		.00	.000		.00	.00
RADIOLOGY	0		0		.00		.00	.000		.00	.00
PSYCHIATRY	0		0		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000		.00	.00
SNF/ICF	0		0		.00		.00	.000		.00	.00
OUTPATIENTS	0		0		.00		.00	.000		.00	.00
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00	.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00	.00
ORAL SURGERY	0		0		.00		.00	.000		.00	.00
DRUGS	0		0		.00		.00	.000		.00	.00
ANESTHESIA	0		0		.00		.00	.000		.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES N	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGI	E 846
MOP024	FEE-FOR-SERVICE	C/DENTAL					(01/17/03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 60 RENAL D	IALYSIS	AID COD	ES			
					MON		GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER		ST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		IGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		.00
EYE APPLIANCES	0	0	.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$		\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	0	0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0 \$.00	\$.00	.000 \$		\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00

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PATHOLOGY

RADIOLOGY

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPTNT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ROOM USE

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
"CATTE DEDE OF HEATEN GERN					DODE TOD T337 0	OOO MIIDII DE	0000	DAGE	847
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURE	S MONTH-OF-E	PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE	04/
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE/		S MONTH-OF-E	PAYMENT RE	PORT FOR JAN 2	:UUZ THRU DE	IC 2002	_	/17/03
" -		DENTAL	S MONTH-OF-F	PAYMENT RE	PORT FOR JAN 2		C 2002	_	
MOP024	FEE-FOR-SERVICE/	DENTAL		PAYMENT RE		DES	THLY AVERA	01,	
MOP024	FEE-FOR-SERVICE/SUMMARY OF SERVI	DENTAL	DIALYSIS	PAYMENT RE	AID COD	DES		01,	/17/03
MOP024 AMADOR COUNTY	FEE-FOR-SERVICE/SUMMARY OF SERVI	DENTAL CES FOR 60 RENAL	DIALYSIS		AID COD	DES MON	THLY AVERA	01, GE	/17/03 PER
MOP024 AMADOR COUNTY	FEE-FOR-SERVICE/SUMMARY OF SERVI	DENTAL CES FOR 60 RENAL JNITS OF SERVICE OR DAYS OF CARE	DIALYSIS		AID COD	DES MON UNITS/DAYS	THLY AVERA COST PER USER	01, GE COST	/17/03 PER
MOP024 AMADOR COUNTY 00 ELIGIBLES	FEE-FOR-SERVICE/SUMMARY OF SERVI	DENTAL CES FOR 60 RENAL JNITS OF SERVICE OR DAYS OF CARE	DIALYSIS EXPEN	NDITURES	AID COD AVERAGE COST PER UNIT/DAY	DES MON UNITS/DAYS PER ELIG	THLY AVERA COST PER USER	01, GE COST ELIG	/17/03 PER IBLE
MOP024 AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE/SUMMARY OF SERVI	DENTAL CES FOR 60 RENAL JNITS OF SERVICE OR DAYS OF CARE	DIALYSIS EXPEN	NDITURES	AID COD AVERAGE COST PER UNIT/DAY \$.00	DES MON UNITS/DAYS PER ELIG .000 \$	THLY AVERA COST PER USER .00	01, GE COST ELIG	/17/03 PER IBLE .00
MOP024 AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE/SUMMARY OF SERVI	DENTAL CES FOR 60 RENAL JNITS OF SERVICE OR DAYS OF CARE	DIALYSIS EXPEN	NDITURES .00 .00	AID COD AVERAGE COST PER UNIT/DAY \$.00 .00	DES MON UNITS/DAYS PER ELIG .000 \$	THLY AVERA COST PER USER .00	01, GE COST ELIG	/17/03 PER IBLE .00 .00
MOP024 AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE/SUMMARY OF SERVI	DENTAL CES FOR 60 RENAL JNITS OF SERVICE OR DAYS OF CARE	DIALYSIS EXPEN	NDITURES .00 .00 .00	AID COD AVERAGE COST PER UNIT/DAY \$.00 .00 .00	DES MON UNITS/DAYS PER ELIG .000 \$.000	THLY AVERA COST PER USER .00 .00	01, GE COST ELIG	/17/03 PER IBLE .00 .00
MOP024 AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE/SUMMARY OF SERVI	DENTAL CES FOR 60 RENAL JNITS OF SERVICE OR DAYS OF CARE	DIALYSIS EXPEN	NDITURES .00 .00 .00 .00 .00	AID COD AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	DES MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	THLY AVERA COST PER USER .00 .00 .00 .00 .00	01, GE COST ELIG	/17/03 PER IBLE .00 .00 .00 .00 .00
MOP024 AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE/SUMMARY OF SERVI	DENTAL CES FOR 60 RENAL JNITS OF SERVICE OR DAYS OF CARE	DIALYSIS EXPEN	NDITURES .00 .00 .00 .00 .00	AID COD AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	DES MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00	01, GE COST ELIG	/17/03 PER IBLE .00 .00 .00 .00 .00 .00
MOP024 AMADOR COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE/SUMMARY OF SERVI	DENTAL CES FOR 60 RENAL JNITS OF SERVICE OR DAYS OF CARE	DIALYSIS EXPEN	NDITURES .00 .00 .00 .00 .00	AID COD AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	DES MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	THLY AVERA COST PER USER .00 .00 .00 .00 .00	01, GE COST ELIG	/17/03 PER IBLE .00 .00 .00 .00 .00

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INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

ALL OTHER INPATIENT

MEDICAL

SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	, 0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	. 0	0	ċ		\$				Ċ	
• -	ŭ	· ·	\$.00	Ş	.00			\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	9	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	Ō		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	\$.00		\$.00	\$.00
-	0	0	۲		Ą				Ą	
ICF DDH	U	U		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
PATHOLOGY	0	0	۲	.00	۲	.00	.000	.00	Ψ	.00
	0	0		.00				.00		.00
XO AND OTHERS	0		<u>^</u>		^	.00	.000		<u> </u>	
@ORGANIZED OUTPATIENT CLINIC	U	0	\$.00	\$.00		\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES M	IONTH-OF-PAYMENT R	EPORT	FOR JAN 2	002 THRU D	EC 2002	PA	.GE 848
MOP024	FEE-FOR-SERVICE/D	ENTAL								01/17/03
AMADOR COUNTY	SUMMARY OF SERVIC		L DI	ALYSIS		AID COD	ES			
								NTHLY AVERA	GE -	
00 ELIGIBLES	USERS U	NITS OF SERVICE	!	EXPENDITURES	AVEI	RAGE COST	UNITS/DAYS			OST PER
00 22101222		OR DAYS OF CARE				UNIT/DAY	PER ELIG	USER		LIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000		\$.00
			۲		۲				Ą	
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
	· ·	0								
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00
	0	0 \$ 0 \$					

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01/17/03

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE MOP024 FEE-FOR-SERVICE/DENTAL

OO ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @TOTAL, ALL PROVIDERS 0 0 \$.00 \$.00 \$.00 \$	COST PER ELIGIBLE .00 .00 .00
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @TOTAL, ALL PROVIDERS 0 0 \$.00 \$.00 \$.00 \$	ELIGIBLE .00 .00 .00
@TOTAL, ALL PROVIDERS 0 0 \$.00 \$.00 \$.00 \$.00 .00 .00
	.00 .00 .00
	.00
@PHYSICIANS SERVICES 0 0 \$.00 \$.00 \$.00 \$.00
OUTPATIENT VISITS 0 0 .00 .00 .00 .00 .00	
OFFICE VISITS 0 0 .00 .00 .00 .00	0.0
HOME VISITS 0 0 .00 .00 .00 .00	.00
EMERGENCY ROOM 0 0 .00 .00 .00 .00	.00
PREVENTIVE CARE 0 0 .00 .00 .00 .00 .00	.00
OB VISITS/COMPRE PERI 0 0 .00 .00 .00 .00	.00
OTHER OUTPATIENT 0 0 .00 .00 .00 .00	.00
INPATIENT VISITS 0 0 .00 .00 .00 .00 .00	.00
HOSPITAL VISITS 0 0 .00 .00 .00 .00 .00	.00
CRITICAL CARE 0 0 .00 .00 .00 .00 .00	.00
SNF/ICF/TRANS IP CARE 0 0 .00 .00 .00 .00	.00
OPHTHALMOLOGICAL SERVICES 0 0 .00 .00 .00 .00	.00
EXAMINATIONS 0 0 .00 .00 .00 .00	.00
SERVICES AND MATERIALS 0 0 .00 .00 .00 .00	.00
INPATIENT HOSPITAL SURGERY 0 0 .00 .00 .00 .00 .00	.00
PRINCIPAL SURGEON 0 0 .00 .00 .00 .00	.00
ASSISTANT SURGEON 0 0 .00 .00 .00 .00	.00
ANESTHESIOLOGIST 0 0 .00 .00 .00 .00	.00
OUTPATIENT SURGERY 0 0 .00 .00 .00 .00	.00
PRINCIPAL SURGEON 0 0 .00 .00 .00 .00	.00
ASSISTANT SURGEON 0 0 .00 .00 .00 .00	.00
ANESTHESIOLOGIST 0 0 .00 .00 .00 .00	.00
DIALYSIS 0 0 .00 .00 .00 .00	.00
PATHOLOGY 0 .00 .00 .00 .00	.00
RADIOLOGY 0 .00 .00 .00 .00	.00
PSYCHIATRY 0 0 .00 .00 .00 .00 .00	.00
IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00	.00
OTHER SERVICES/ALL X-OVERS 0 0 .00 .00 .00 .00	.00
@PHARMACY 0 0 \$.00 \$.00 \$.00 \$.00
PRESCRIPTION DRUGS 0 0 .00 .00 .00 .00	.00
SNF/ICF 0 0 .00 .00 .00 .00	.00
OUTPATIENTS 0 0 .00 .00 .00 .00	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF-PAYMENT RE	PORT FOR JAN 200)2 THRU DEC	2002	PAGE 850
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES F	OR 61 TOTAL	PARENTERAL NUTRITION	I AID CODES	5		

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 Ś .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 0 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$.00 .000 \$.00 Ś .00 VISITS .00 .00 .000 .00 .00 0 OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .00 SURGERY/ANES. .00 .000 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 .00 OTHER .00 .00 .000 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 .00 \$.00 NURSE ANESTHESIST 0 .00 .00 \$.00 .000 \$.00 .00 .00 .000 .00 .00 NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER .00 \$.00 .000 .00 \$.00 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 Ś .00 @TOTAL HOSPITAL .00 .00 .000 .00 .00 0 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 . 00 .000 . 00 .00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .000 .00 ALL OTHER ACCOM .00 .00 .00 ANCILLARIES .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT .000 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 .00 .00 .00 .00 MEDICAL .000 .00 .00 .00 .000 .00 SURGERY PATHOLOGY 0 .00 .00 .000 .00 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 ROOM USE .00 .00 .000 .00 .00

0	0	.00	.00	.000	.00	.00
0	0 \$.00 \$.00	.000 \$.00 \$.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
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0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
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0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN 200	2 THRU DEC	2002 I	PAGE 851
FEE-FOR-SERVICE/DENTAL						01/17/03
SUMMARY OF SERVICES FOR	61 TOTAL	PARENTERAL NUTRITION	AID CODES	5		
				MONT	HLY AVERAGE	
	FEE-FOR-SERVICE/DENTAL	FEE-FOR-SERVICE/DENTAL	0 0 \$.00 \$	0 0 \$.00 \$	0	0

00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ17F1	RACE COST	UNITS/DAY:		COST PER	-	COST PER
00 EDIGIDED	ODLINO	OR DAYS OF CARE		LAI ENDITORES		UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	010 27118 01 07110	\$.00	\$.00	.000		.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	τ	.00	Τ	.00	.000	т	.00	т	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00

ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
					THE OF PASSAGRED PE		EOD TAN	2002 THRU	DEC	2002	DACE	852
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXE	ENDITOR	ES MOI	NTH-OF-PAYMENT RE	PURI	FOR JAN	2002 IRRU		2002	PAGE	0 3 2
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES FEE-FOR-SERVICE/D		ENDITUR	ES MOI	NTH-OF-PAYMENT RE	PORT	FOR JAN	2002 IRKU	DEC	2002	_	/17/03
		ENTAL			NTH-OF-PAYMENT RE ENTERAL NUTRITION		AID CO		DEC	2002	_	
MOP024	FEE-FOR-SERVICE/D	ENTAL						DES		2002 HLY AVERA	01	
MOP024	FEE-FOR-SERVICE/D SUMMARY OF SERVIC	ENTAL	61 TOTA			Ī	AID CO	DES	ONT		01 GE	
MOP024 AMADOR COUNTY	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	ENTAL ES FOR	61 TOTAL		ENTERAL NUTRITION	i aver	AID CO	DES M UNITS/DAY	IONT:	HLY AVERA	01 GE COST	/17/03
MOP024 AMADOR COUNTY	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	ENTAL ES FOR NITS OF	61 TOTAL		ENTERAL NUTRITION	i aver	AID CO	DES M UNITS/DAY PER ELIG .000	IONT:	HLY AVERAGE OST PER USER .00	01 GE COST	/17/03
MOP024 AMADOR COUNTY 00 ELIGIBLES	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	ENTAL ES FOR NITS OF	61 TOTAL		ENTERAL NUTRITION	i aver	AID CO AGE COST UNIT/DAY	DES M UNITS/DAY PER ELIG	IONT:	HLY AVERAGE OST PER USER .00 .00	01 GE COST ELIG	/17/03 PER GIBLE
MOP024 AMADOR COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	ENTAL ES FOR NITS OF	61 TOTAL		ENTERAL NUTRITION EXPENDITURES .00 .00 .00	i aver	AID CO AGE COST UNIT/DAY .00	DES M UNITS/DAY PER ELIG .000 .000	IONT:	HLY AVERACOST PER USER .00 .00	01 GE COST ELIG	/17/03 PER SIBLE .00
MOP024 AMADOR COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	ENTAL ES FOR NITS OF	61 TOTAL		ENTERAL NUTRITION EXPENDITURES .00 .00 .00 .00	i aver	AID CO AGE COST UNIT/DAY .00 .00 .00	DES M UNITS/DAY PER ELIG .000 .000 .000	IONT:	HLY AVERAGE USER .00 .00 .00 .00	01 GE COST ELIG	/17/03 PER SIBLE .00 .00 .00
MOP024 AMADOR COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	ENTAL ES FOR NITS OF	61 TOTAL		ENTERAL NUTRITION EXPENDITURES .00 .00 .00 .00 .00	i aver	AID CO AGE COST UNIT/DAY .00 .00	DES M UNITS/DAY PER ELIG .000 .000 .000 .000	IONT:	HLY AVERAGE USER USER .00 .00 .00 .00	01 GE COST ELIG	/17/03 PER SIBLE .00 .00
MOP024 AMADOR COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	ENTAL ES FOR NITS OF	61 TOTAL		ENTERAL NUTRITION EXPENDITURES .00 .00 .00 .00 .00 .00	i aver	AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00	DES M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	IONT:	HLY AVERAGE USER USER .00 .00 .00 .00 .00 .00	01 GE COST ELIG	/17/03 PER SIBLE .00 .00 .00
MOP024 AMADOR COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	ENTAL ES FOR NITS OF	61 TOTAL		ENTERAL NUTRITION EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	i aver	AID CO AGE COST UNIT/DAY .00 .00 .00 .00	DES M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	IONT:	HLY AVERAGE USER USER .00 .00 .00 .00 .00 .00 .00	01 GE COST ELIG	/17/03 PER SIBLE .00 .00 .00 .00
MOP024 AMADOR COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	ENTAL ES FOR NITS OF	61 TOTAL		ENTERAL NUTRITION EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	i aver	AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	DES M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	IONT:	HLY AVERAGE USER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	01 GE COST ELIG	/17/03 PER SIBLE .00 .00 .00 .00 .00 .00 .00
MOP024 AMADOR COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	ENTAL ES FOR NITS OF	61 TOTAL		ENTERAL NUTRITION EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	i aver	AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	DES M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT:	HLY AVERAGE USER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01 GE COST ELIG	/17/03 PER SIBLE .00 .00 .00 .00 .00 .00 .00 .00
MOP024 AMADOR COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	FEE-FOR-SERVICE/D SUMMARY OF SERVIC USERS U	ENTAL ES FOR NITS OF	61 TOTAL		ENTERAL NUTRITION EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	i aver	AID CO AGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	DES M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	IONT:	HLY AVERAGE USER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	01 GE COST ELIG	/17/03 PER SIBLE .00 .00 .00 .00 .00 .00 .00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 853 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 AMADOR COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS

AID CODES 51 52 56

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 0 0 .00 \$.00 .000 \$.00 \$.00 @PHYSICIANS SERVICES 0 0 \$.00 .00 .000 \$.00 \$.00 \$.00 .00 .000 .00 OUTPATIENT VISITS .00 0 .00 .00 OFFICE VISITS .00 .000 .00 HOME VISITS .00 .00 .000 .00 .00 .00 .00 EMERGENCY ROOM .00 .000 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .000 OB VISITS/COMPRE PERI .00 .00 .00 .00 OTHER OUTPATIENT .00 .00 .00 .00 .000 .00 INPATIENT VISITS .00 .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 . 00 .000 . 00 .00 .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 PRINCIPAL SURGEON .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .00 .00 ASSISTANT SURGEON .000 .00 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 .000 .00 .00 DIALYSIS PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 **PSYCHIATRY** .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPOR	RT FOR JAN	2002 THRU DEC	2002	PAGE 854
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

AID CODES 51 52 56

SUMMARY OF SERVICES FOR 62 IRCA ALIENS

AMADOR COUNTY

----- MONTHLY AVERAGE -----00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 \$.00 0 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED .00 EYE APPLIANCES .00 .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$.00 .000 \$.00 .00 .00 VISITS .00 .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 .000 \$.00 .00 @PODIATRIST .00 .00 MEDICINE/INJECTIONS .00 .000 .00 SURGERY/ANES. .00 .00 .000 .00 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 .00 \$.00 NURSE ANESTHESIST .00 .00 .000 .00 .00 NURSE MIDWIFE .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL .00 .00 .000 .00 .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 .000 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 .00 .000 .00 ALL OTHER ACCOM .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT E	REPORT FOR JAN	2002 THRU DEC	2002	PAGE 855
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	62 IRCA A	LIENS	AID CODES 51 5:	2 56		
					MONT	HIV AVERACI	F

				MON'	THLY AVERA	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
0	0	\$.00	\$.00	.000 \$.00	\$.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	\$.00	\$.00	.000 \$.00	\$.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	\$.00	\$.00	.000 \$.00	\$.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		OR DAYS OF CARE 0	OR DAYS OF CARE OR DAY	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS PER ELIG 0 0 \$.00 \$.00 .00 .00 .00 .00 .00 \$.00 \$.00	OR DAYS OF CARE O

	_	_									
LEV B-SUBACUTE HSPTL BASED	0	0		.00)	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00)	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00)	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00		.00	.000	\$		\$.00
ICF DDH	Ô	Û	4	.00		.00	.000	7	.00	7	.00
ICF DD	0	0		.00		.00	.000		.00		.00
	0	0									
ICF DDN/DDCN	Ü	Ü		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00)	.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00		.00	.000	\$		\$.00
PATHOLOGY	0	0		.00)	.00	.000		.00		.00
XO AND OTHERS	0	0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00) \$.00	.000	\$.00	\$.00
CLINIC	0	0		.00)	.00	.000		.00		.00
SURGICENTER	0	0		.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00)	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUE	RES MONTH-	-OF-PAYMENT	REPORT	FOR JAN 200	2 THRU	DEC :	2002	PAGE	856
MOP024	FEE-FOR-SERVICE/DENTAL									0	1/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	62 IRCA	ALIENS		AID CO	DES 51 52 56)				

AMADOR COUNTI	SUMMANI OF SER	VICES FOR OZ INCH ALIEN	o A	ID CODE2 21 22	30		
					MON'	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 857 MOP024 FEE-FOR-SERVICE/DENTAL

AMADOR COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

		,				MC	NTHLY AVERA	.GE
105 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	₹.		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	35	204	\$	30,557.08	\$ 149.79	1.943	\$ 873.06	\$ 291.02
@PHYSICIANS SERVICES	15	35	\$	4,014.19	\$ 114.69	.333	\$ 267.61	\$ 38.23
OUTPATIENT VISITS	8	8		599.73	74.97	.076	74.97	5.71
OFFICE VISITS	5	5		220.80	44.16	.048	44.16	2.10
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	3		378.93	126.31	.029	126.31	3.61
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	3	11		436.89	39.72	.105	145.63	4.16
HOSPITAL VISITS	3	11		436.89	39.72	.105	145.63	4.16
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	6		2,384.76	397.46	.057	794.92	22.71
PRINCIPAL SURGEON	3	6		2,384.76	397.46	.057	794.92	22.71
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	5	5	156.67	31.33	.048	31.33	1.49
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	5	436.14	87.23	.048	145.38	4.15
@PHARMACY	17	28 \$	593.32	\$ 21.19	.267	\$ 34.90	\$ 5.65
PRESCRIPTION DRUGS	17	28	593.32	21.19	.267	34.90	5.65
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	17	28	593.32	21.19	.267	34.90	5.65
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU	DEC 2002	PAGE 858

MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

----- MONTHLY AVERAGE -----105 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE .00 \$ @OPTOMETRIST 0 0 .00 .000 \$.00 \$.00 .000 .00 0 .00 .00 DIAGNOSTIC AND ANC. PROCED 0 .00 EYE APPLIANCES .000 .00 .00 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$.00 .000 \$.00 \$.00 .00 VISITS .00 .000 .00 .00 .000 OTHER SERVICES 0 .00 .00 .00 .00 \$.00 .000 \$.00 \$.00 @PODIATRIST MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 .00 .000 RADIO./PATHOLOGY OTHER 0 .00 .00 .000 .00 .00 0 @HOME HEALTH AGENCY .00 \$.00 .000 \$.00 \$.00 .000 \$.00 NURSE ANESTHESIST .00 .00 .00 \$ NURSE MIDWIFE .00 .00 .000 \$.00 \$.00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$.00 \$.00 0 .00 FAMILY NURSE PRACTITIONER .00 .000 \$.00 \$.00 48 25,176.74 524.52 @TOTAL HOSPITAL .457 \$ 2797.42 \$ 239.78 953.74 26 24,797.12 .248 6199.28 236.16 HOSP INPATIENT TOTAL HSC HOSPITALS 16 17,098.00 1068.63 .152 5699.33 162.84 .095 NON-HSC HOSPITAL TOTAL 10 7,699.12 769.91 3849.56 73.32 ACCOMMODATIONS 3,960.00 396.00 .095 1980.00 37.71

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10	3,960.00	396.00	.095	1980.00	37.71
ANCILLARIES	2	0	3,739.12	.00	.000	1869.56	35.61
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	22	379.62	17.26	.210	63.27	3.62
MEDICAL	1	1	29.76	29.76	.010	29.76	.28
SURGERY	0	1CR	25.47CR	25.47	.010CR	.00	.24CR
PATHOLOGY	3	20	244.71	12.24	.190	81.57	2.33
RADIOLOGY	2	1	90.52	90.52	.010	45.26	.86
ROOM USE	1	1	61.13	61.13	.010	61.13	.58
CROSSOVERS/ALL OTH OUTPINT	1	0	21.03CR	.00	.000	21.03CR	.20CR
@COUNTY HOSPITAL TOTAL	2	9 \$	13,494.17	\$ 1499.35	.086 \$	6747.09 \$	128.52
CO HOSPITAL INPATIENT TOTAL	2	13	13,624.00	1048.00	.124	6812.00	129.75
HSC HOSPITALS	2	13	13,624.00	1048.00	.124	6812.00	129.75
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	4CR	129.83CR	32.46	.038CR	.00	1.24CR
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	1CR	25.47CR	25.47	.010CR	.00	.24CR
PATHOLOGY	0	1CR	4.05CR	4.05	.010CR	.00	.04CR
RADIOLOGY	0	1CR	70.31CR	70.31	.010CR	.00	.67CR
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	1CR	30.00CR	30.00	.010CR	.00	.29CR
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MONT	TH-OF-PAYMENT REP	ORT FOR JAN	2002 THRU DEC	2002	PAGE 859
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/17/03
AMADOR COUNTY	SUMMARY OF SERVIC	es for 63 mi/mn alien	N WITHOUT SIS AID	CODE 55 58			
	MONTHLY AVERAGE						
105 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES 2	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

					140	MILLE AVEIVA	GE
105 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	39 \$	11,682.57	\$ 299.55	.371	\$ 1668.94	\$ 111.26
COMM HOSP INPATIENT TOTAL	2	13	11,173.12	859.47	.124	5586.56	106.41
HSC HOSPITALS	1	3	3,474.00	1158.00	.029	3474.00	33.09
NON-HSC HOSPITALS TOTAL	2	10	7,699.12	769.91	.095	3849.56	73.32
ACCOMMODATIONS	2	10	3,960.00	396.00	.095	1980.00	37.71
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	10	3,960.00	396.00	.095	1980.00	37.71
ANCILLARIES	2	0	3,739.12	.00	.000	1869.56	35.61
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	26	509.45	19.59	.248	84.91	4.85
MEDICAL	1	1	29.76	29.76	.010	29.76	.28
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	21	248.76	11.85	.200	82.92	2.37
RADIOLOGY	2	2	160.83	80.42	.019	80.42	1.53
ROOM USE	1	1	61.13	61.13	.010	61.13	.58
CROSSOVERS/ALL OTH OUTPINT	1	1	8.97	8.97	.010	8.97	.09
@STATE HOSPITAL	0	0 \$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	18	\$	269.04	\$	14.95	.171	\$	67.26	\$	2.56
PATHOLOGY	4	18		269.04		14.95	.171		67.26		2.56
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	78.78	\$	78.78	.010	\$	78.78	\$.75
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		78.78		78.78	.010		78.78		.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES MONTH-O	F-PAYMENT RE	PORT	FOR JAN 2002	THRU	DEC	2002	PAGI	
MOP024	FEE-FOR-SERVICE/DENTAL									(01/17/03

AMADOR COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

ANADON COUNT	SOPERANT OF SERV	TOES FOR US MITHWALL	in williool bib A.	ID CODE 33 30 3	MON'	THLY AVERA	GE
105 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	74 \$	425.01	\$ 5.74	.705 \$	425.01	\$ 4.05
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	74	425.01	5.74	.705	425.01	4.05
AMBULANCES/AIR TRANS	1	74	425.01	5.74	.705	425.01	4.05
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	10	\$ 1,048.00	\$ 104.80	.095	\$ 1048.00	\$ 9.98
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 861
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024	FEE-FOR-SERVIC	E/DENTAL						01/17/03	
AMADOR COUNTY	SUMMARY OF SERVICES FOR 64 REFUGEES		ES	Al	ID CODES 01 02	08			
						MON'	THLY AVERA	GE	
12 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	0	0 \$	5	.00	\$.00	.000 \$.00	\$.00	
@PHYSICIANS SERVICES	0	0 \$	5	.00	\$.00	.000 \$.00	\$.00	
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00	
OFFICE VISITS	0	0		.00	.00	.000	.00	.00	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00	
@PHARMACY	0	0 \$;	.00	\$.00	.000 \$.00	\$.00	
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00	
SNF/ICF	0	0		.00	.00	.000	.00	.00	
OUTPATIENTS	0	0		.00	.00	.000	.00	.00	
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00	
@DENTIST	0	0 \$;	.00	\$.00	.000 \$.00	\$.00	
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00	
ORAL SURGERY	0	0		.00	.00	.000	.00	.00	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	

PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITUR	ES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE	862
MOP024	FEE-FOR-SERVICE/DEN	NTAL						01/	17/03
AMADOR COUNTY	SUMMARY OF SERVICES	S FOR 64 REFU	GEES	AI	D CODES 01 02	08			
						MON	THLY AVERA	GE	
12 ELIGIBLES		ITS OF SERVICE		EXPENDITURES		MON UNITS/DAYS	COST PER	COST	
		ITS OF SERVICE R DAYS OF CARE		EXPENDITURES	PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		BLE
@OPTOMETRIST				.00	PER UNIT/DAY \$.00	UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	COST	BLE .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED				.00	PER UNIT/DAY \$.00 .00	UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	COST ELIGI	BLE .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES				.00	PER UNIT/DAY \$.00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	COST ELIGI	BLE .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES			\$.00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00	COST ELIGI	BLE .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR				.00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 \$	COST PER USER .00 .00 .00 .00	COST ELIGI	BLE .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS			\$.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 \$	COST PER USER .00 .00 .00 .00 .00 .00	COST ELIGI \$	BLE .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES			\$.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00	COST ELIGI \$	BLE .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST			\$.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 \$.00 \$.00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	COST ELIGI \$	BLE .00 .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS			\$.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 \$.000 .000 \$.000 .000 \$.000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST ELIGI \$	BLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST			\$.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 \$.00 \$.00 \$.00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$.000 \$	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	COST ELIGI \$	BLE .00 .00 .00 .00 .00 .00 .00

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OTHER

@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MO	NTH-OF-PAYMENT RI	EPORT FOR JAN	2002 THRU DEC	2002	PAGE 863
MOP024	FEE-FOR-SERVICE	E/DENTAL					01/17/03
AMADOR COUNTY	SUMMARY OF SERV	VICES FOR 64 REFUGEES	A	ID CODES 01 02	08		
					MONT	HLY AVERAC	GE
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00

12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	1	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00

SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00
MENTALLY ILL	0	0	'	.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		Ś	.00
LEV A-INTERMEDIATE	0	0	Υ	.00	Υ	.00	.000	.00	Υ	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
	0	0	\$		Ċ				ċ	
@INTERMEDIATE CARE FACILDD	0	0	Ş	.00	\$.00	.000		\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0			.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0	^	.00	<u> </u>	.00	.000	.00	<u>^</u>	.00
@HEMODIALYSIS TOTAL	U	0	\$.00	\$.00	.000		\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	_	.00	_	.00	.000	.00	_	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000		\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	RES MO	ONTH-OF-PAYMENT R	REPORT	r for Jan 2	2002 THRU DE	EC 2002	P	AGE 864
MOP024	FEE-FOR-SERVIC	E/DENTAL								01/17/03
AMADOR COUNTY	SUMMARY OF SER	VICES FOR 64 REFU	JGEES	A	AID CO	DDES 01 02	08			
							MON	NTHLY AVERA	GE ·	
12 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE	€		PEF	R UNIT/DAY	PER ELIG	USER]	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		
PROSTHETIST/ORTHOTISTS	U	U		.00		.00	.000	.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 865 MOP024 FEE-FOR-SERVICE/DENTAL

ATD CODEC OM ON

01/17/03

AMADOR COUNTY	SUMMARY OF SERV	VICES FOR 65 BCC	P-FED	ERAL	AID CODES ON	1 ON		
						MO	NTHLY AVERA	GE
07 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARI	2		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	19	68	\$	3 , 877.53	\$ 57.02	9.714		\$ 553.93
@PHYSICIANS SERVICES	7	10	\$	522.03	\$ 52.20	1.429	•	\$ 74.58
OUTPATIENT VISITS	6	7		281.70	40.24	1.000	46.95	40.24
OFFICE VISITS	6	7		281.70	40.24	1.000	46.95	40.24
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		186.72	186.72	.143	186.72	26.67
PRINCIPAL SURGEON	1	1		186.72	186.72	.143	186.72	26.67
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	1		29.01	29.01	.143	29.01	4.14
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		24.60	24.60	.143	24.60	3.51
@PHARMACY	2	2	\$	32.23	\$ 16.12	.286	\$ 16.12	\$ 4.60
PRESCRIPTION DRUGS	2	2		32.23	16.12	.286	16.12	4.60
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	2	2		32.23	16.12	.286	16.12	4.60

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00		\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0									
PERIODONTICS	0			.00		.00	.000		.00		.00
ENDODONTICS	U	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITUR	RES MC	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU 1	DEC	2002	Ρ	AGE 866
MOP024	FEE-FOR-SERVICE/	DENTAL									01/17/03
AMADOR COUNTY	SUMMARY OF SERVI	CES FOR 65 BCCT	P-FED	ERAL	AID	CODES 0M	ON				
							MO	TNC	HLY AVERA	GΕ	
07 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	5	COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	·	.00	·	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	Ś	.00	.000	\$.00	Ś	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	Ś	.00	.000	\$.00	Ś	.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	9	41	\$ \$	1,005.13	\$	24.52	5.857	\$	111.68	Ś	143.59
HOSP INPATIENT TOTAL	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		.00
ACCOMMODATIONS	0	0				.00	.000				
ADMINISTRATIVE DAYS				.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	· ·	U		.00		.00	.000		.00		.00
ANCILLARIES	0	U		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00

0

41

1

1

25

4

.00

1,005.13

18.63

97.35 600.96

162.91

33.06

.00

24.52

18.63

97.35 24.04 40.73

11.02

.000

5.857

.143

.143

3.571

.571

.429

.00

111.68

18.63

97.35

75.12

40.73

33.06

.00

143.59

2.66

13.91

85.85

23.27

4.72

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

CROSSOVERS/ALL OTH OUTPINT	1	7	92.22	13.17	1.000	92.22	13.17
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES MC	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002	PAGE 867
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	65 BCCTP-FED	ERAL	AID CODES 0M	ON		
					MONT	THLY AVERAC	E
07 ELIGIBLES	USERS UNITS O	F SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAY	S OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	41 \$	1,005.13	\$ 24.52	5.857 \$		\$ 143.59
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00

.00 .00 .00 .00

0 0

TRANSITIONAL IP CARE

ALL OTHER ACCOM	0	0		.00)	.00	.000		.00		.00
ANCILLARIES	0	0		.00)	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00)	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00)	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	9	41		1,005.13		24.52	5.857		111.68		143.59
MEDICAL	1	1		18.63		18.63	.143		18.63		2.66
SURGERY	1	1		97.35		97.35	.143		97.35		13.91
PATHOLOGY	Ω	25		600.96		24.04	3.571		75.12		85.85
RADIOLOGY	4	4		162.91		40.73	.571		40.73		23.27
ROOM USE	1	3		33.06		11.02	.429		33.06		4.72
	1										
CROSSOVERS/ALL OTH OUTPINT	1	7	Ċ	92.22		13.17	1.000	ċ	92.22	Ċ	13.17
@STATE HOSPITAL	U	•	\$.00		.00	.000	\$.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00		.00	.000	\$.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00)	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00)	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00)	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00)	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00)	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00) \$.00	.000	\$.00	\$.00
ICF DDH	0	0	·	.00		.00	.000	·	.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00		.00	.000	\$.00	Ś	.00
HOSPITAL BASED	0	0	Y	.00		.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	Ċ					ċ		ċ	
•	0	0	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	U	U		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	U	0	_	.00		.00	.000	_	.00	_	.00
@LABORATORY FACILITY	1	1	\$	10.94		10.94	.143	Ş	10.94	Ş	1.56
PATHOLOGY	1	1		10.94		10.94	.143		10.94		1.56
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	8	12	\$	2,245.78		187.15	1.714	\$	280.72	\$	320.83
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	8	12		2,245.78	3	187.15	1.714		280.72		320.83
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	JRES M	ONTH-OF-PAYMENT	REPOR'	r for Jan 2	2002 THRU	DEC	2002	P	AGE 868
MOP024	FEE-FOR-SERVICE,	DENTAL									01/17/03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 65 BC	CTP-FE	DERAL	AI	CODES OM	ON				
							N	IONT	HLY AVERA	GE	
07 ELIGIBLES	USERS	UNITS OF SERVICE	Œ	EXPENDITURES	S AVI	ERAGE COST	UNITS/DAY	'S	COST PER		COST PER
*		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	1	2		61 42		30.71			61.42		
DURABLE MED. EQUIP.	0	0	Y	.00		.00	.000	۲	.00	Ψ.	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
	0	0									
MEDICAL TRANSPORTATION	· · · · · · · · · · · · · · · · · · ·	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00)	.00	.000		.00		.00

0

.00

.00

.000

.00

.00

0

GENETIC DISEASE TESTING

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	0	0	.00		.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	61.42	30	.71	.286	61.42	8.77
PROSTHETICS	1	2	61.42	30	.71	.286	61.42	8.77
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 869
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

					MOI	NTHLY AVERA	GE
04 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5	16 \$	1,170.47	\$ 73.15	4.000	\$ 234.09	\$ 292.62
@PHYSICIANS SERVICES	4	10 \$	946.77	\$ 94.68	2.500	\$ 236.69	\$ 236.69
OUTPATIENT VISITS	2	2	61.50	30.75	.500	30.75	15.38
OFFICE VISITS	2	2	61.50	30.75	.500	30.75	15.38
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	2	624.16	312.08	.500	624.16	156.04
PRINCIPAL SURGEON	1	2	624.16	312.08	.500	624.16	156.04
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	6	261.11	43.52	1.500	130.56	65.28
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	1	1	\$	135.46	\$	135.46	.250	\$	135.46	\$	33.87
PRESCRIPTION DRUGS	1	1		135.46		135.46	.250		135.46		33.87
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1	1		135.46		135.46	.250		135.46		33.87
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUF	RES MONTH-OF-P.	AYMENT RE	EPOR1	FOR JAN 200	2 THRU	DEC	2002	PAG	
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	66 BCCI	TP-STATE-ONLY		AII	CODES OR 01					

AMADOR COUNTI	SOUTHART OF SER	VICES FOR 00 DCCI	F-21F	VIE-ONLI	ATI	O CODES OF	01				
							MO	TNC	HLY AVERA	GE	
04 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE	1		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	5	\$	88.24	\$	17.65	1.250	\$	88.24	\$	22.06
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	1	5	88.24	17.65	1.250	88.24	22.06
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	36.58	9.15	1.000	36.58	9.15
RADIOLOGY	1	1	51.66	51.66	.250	51.66	12.92
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
	0	0 \$, , , , , , , , , , , , , , , , , , , ,	·		·
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	U	-	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	U	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	O	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	Û	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
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#CALIE DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MONT	TH-OF-PAYMENT RE	PORT FOR JAN 2	002 THRII DEC	2002	PAGE 871
		S AND EXPENDITURES MONT	TH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002	PAGE 871
MOP024	FEE-FOR-SERVICE	DENTAL				2002	PAGE 871 01/17/03
	FEE-FOR-SERVICE			PORT FOR JAN 2	ОТ		01/17/03
MOP024 AMADOR COUNTY	FEE-FOR-SERVICE, SUMMARY OF SERVI	DENTAL CES FOR 66 BCCTP-STATE	E-ONLY	AID CODES OR	0T MONT	HLY AVERA	01/17/03 GE
MOP024	FEE-FOR-SERVICE	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE		AID CODES OR AVERAGE COST	OT MONT UNITS/DAYS	HLY AVERA	01/17/03 GE COST PER
MOP024 AMADOR COUNTY 04 ELIGIBLES	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE	E-ONLY EXPENDITURES	AID CODES OR AVERAGE COST PER UNIT/DAY	OT MONT UNITS/DAYS PER ELIG	HLY AVERA COST PER USER	01/17/03 GE COST PER ELIGIBLE
MOP024 AMADOR COUNTY 04 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 5 \$	E-ONLY EXPENDITURES 88.24	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 17.65	OT MONT UNITS/DAYS PER ELIG 1.250 \$	HLY AVERAGE OST PER USER 88.24	01/17/03 GE COST PER ELIGIBLE \$ 22.06
MOP024 AMADOR COUNTY 04 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 1 0	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 5 \$ 0	E-ONLY EXPENDITURES 88.24 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 17.65 .00	OT MONT UNITS/DAYS PER ELIG 1.250 \$.000	HLY AVERAGE OST PER USER 88.24	01/17/03 GE COST PER ELIGIBLE \$ 22.06 .00
MOP024 AMADOR COUNTY 04 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 1 0 0	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 5 \$ 0 0	E-ONLY EXPENDITURES 88.24 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 17.65 .00 .00	OT MONT UNITS/DAYS PER ELIG 1.250 \$.000 .000	HLY AVERAGE OST PER USER 88.24 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 22.06 .00 .00
MOP024 AMADOR COUNTY 04 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 1 0 0 0	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 5 \$ 0 0 0	E-ONLY EXPENDITURES 88.24 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 17.65 .00 .00 .00	OT MONT UNITS/DAYS PER ELIG 1.250 \$.000 .000	HLY AVERAGE USER USER 88.24 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 22.06 .00 .00 .00
MOP024 AMADOR COUNTY 04 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 1 0 0 0 0 0	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 5 \$ 0 0 0 0	E-ONLY EXPENDITURES 88.24 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 17.65 .00 .00 .00 .00	OT MONT UNITS/DAYS PER ELIG 1.250 \$.000 .000 .000 .000	HLY AVERAGE USER USER 88.24 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 22.06 .00 .00 .00 .00
MOP024 AMADOR COUNTY 04 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 1 0 0 0 0 0 0 0	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 5 \$ 0 0 0 0 0	E-ONLY EXPENDITURES 88.24 .00 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 17.65 .00 .00 .00 .00 .00	OT MONT UNITS/DAYS PER ELIG 1.250 \$.000 .000 .000 .000 .000	HLY AVERAGE USER USER 88.24 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 22.06 .00 .00 .00 .00 .00
MOP024 AMADOR COUNTY 04 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 1 0 0 0 0 0 0 0 0 0	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 5 \$ 0 0 0 0 0 0	E-ONLY EXPENDITURES 88.24 .00 .00 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 17.65 .00 .00 .00 .00 .00 .00	OT MONT UNITS/DAYS PER ELIG 1.250 \$.000 .000 .000 .000 .000 .000	HLY AVERAGE USER USER 88.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$ 22.06 .00 .00 .00 .00 .00 .00 .00
MOP024 AMADOR COUNTY 04 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 1 0 0 0 0 0 0 0 0 0 0	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 5 \$ 0 0 0 0 0 0 0 0	E-ONLY EXPENDITURES 88.24 .00 .00 .00 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 17.65 .00 .00 .00 .00 .00 .00 .00 .00	OT MONT UNITS/DAYS PER ELIG 1.250 \$.000 .000 .000 .000 .000 .000 .000 .	HLY AVERAGE USER USER 88.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$ 22.06 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 AMADOR COUNTY 04 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 1 0 0 0 0 0 0 0 0 0	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 5 \$ 0 0 0 0 0 0 0 0 0	E-ONLY EXPENDITURES 88.24 .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 17.65 .00 .00 .00 .00 .00 .00 .00 .00 .00	OT MONT UNITS/DAYS PER ELIG 1.250 \$.000 .000 .000 .000 .000 .000 .000 .	HLY AVERAGE USER USER 88.24 .00 .00 .00 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$ 22.06 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 AMADOR COUNTY 04 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 1 0 0 0 0 0 0 0 0 0 0	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 5 \$ 0 0 0 0 0 0 0 0 0 0 0	E-ONLY EXPENDITURES 88.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 17.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	OT MONT UNITS/DAYS PER ELIG 1.250 \$.000 .000 .000 .000 .000 .000 .000 .	HLY AVERAGE USER USER 88.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$ 22.06 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 AMADOR COUNTY 04 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 5 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E-ONLY EXPENDITURES 88.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 17.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	0T MONT UNITS/DAYS PER ELIG 1.250 \$.000 .000 .000 .000 .000 .000 .000 .	HLY AVERAGE OST PER USER 88.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$ 22.06 .00 .00 .00 .00 .00 .00 .00 .00 .00
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MOP024 AMADOR COUNTY 04 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE, SUMMARY OF SERVICE, USERS 1 0 0 0 0 0 0 0 0 0 0 1 0 0	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 5 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 5	E-ONLY 88.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 17.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	0T MONT UNITS/DAYS PER ELIG 1.250 \$.000 .000 .000 .000 .000 .000 .000 .	HLY AVERACOST PER USER 88.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$ 22.06 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 AMADOR COUNTY 04 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 5 \$ 0 0 0 0 0 0 0 0 0 0 0 5	E-ONLY EXPENDITURES 88.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 17.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	OT MONT UNITS/DAYS PER ELIG 1.250 \$.000 .000 .000 .000 .000 .000 .000 .	HLY AVERACOST PER USER 88.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$ 22.06 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 AMADOR COUNTY 04 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE, SUMMARY OF SERVICE, USERS 1 0 0 0 0 0 0 0 0 0 0 1 0 0	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 5 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 5	E-ONLY 88.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 17.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	OT MONT UNITS/DAYS PER ELIG 1.250 \$.000 .000 .000 .000 .000 .000 .000 .	HLY AVERACOST PER USER 88.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$ 22.06 .00 .00 .00 .00 .00 .00 .00 .00 .00
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MOP024 AMADOR COUNTY 04 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	FEE-FOR-SERVICE, SUMMARY OF SERVICE, USERS 1 0 0 0 0 0 0 0 0 0 0 1 0 0	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 5 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E-ONLY 88.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 17.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	OT MONT UNITS/DAYS PER ELIG 1.250 \$.000 .000 .000 .000 .000 .000 .000 .	HLY AVERACOST PER USER 88.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$ 22.06 .00 .00 .00 .00 .00 .00 .00 .00 .00
MOP024 AMADOR COUNTY 04 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE, SUMMARY OF SERVI USERS 1 0 0 0 0 0 0 0 0 0 0 1 0 0	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 5 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E-ONLY 88.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 17.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	OT MONT UNITS/DAYS PER ELIG 1.250 \$.000 .000 .000 .000 .000 .000 .000 .	HLY AVERAL COST PER USER 88.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$ 22.06 .00 .00 .00 .00 .00 .00 .00 .00 .00
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MOP024 AMADOR COUNTY 04 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE, SUMMARY OF SERVICE, SUMMARY OF SERVICE, OF SERVIC	DENTAL CES FOR 66 BCCTP-STATE UNITS OF SERVICE OR DAYS OF CARE 5 \$ 0 0 0 0 0 0 0 0 0 0 0 0 4 1 0 0 0	E-ONLY 88.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODES OR AVERAGE COST PER UNIT/DAY \$ 17.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	OT MONT UNITS/DAYS PER ELIG 1.250 \$.000 .000 .000 .000 .000 .000 .000 .	HLY AVERAL COST PER USER 88.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$ 22.06 .00 .00 .00 .00 .00 .00 .00 .00 .00

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DEVELOP. DISABLED

LEV A-INTERMEDIATE

LEV B-SUBACUTE FREESTANDING

@NURSING FACILITY

LEV B-REHAB MD

LEV B-SUBACUTE HSPTL BASED	Ω	Ω		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$		\$.00
ICF DDH	0	0	Υ	.00	.00	.000	.00	Ψ	.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	Υ	.00	.00	.000	.00	Ψ	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$		\$.00
HOSPITAL BASED	0	0	Υ	.00	.00	.000	.00	Y	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000 \$		\$.00
PATHOLOGY	0	0	Υ	.00	.00	.000	.00	Y	.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	Ś	.00	\$.00	.000 \$		Ś	.00
CLINIC CLINIC	0	0	٧	.00	.00	.000	.00	Y	.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EVDENDIMIDE	C MONTHLOE					PAGE	872
MOP024	FEE-FOR-SERVICE/D		S MONIH-OF	-PAIMENI KE	FORT FOR JAN	ZUUZ IRKU DE	C 2002	_	17/03
AMADOR COUNTY	SUMMARY OF SERVICE		-STATE-ONL	v	AID CODES OF	о ∩ п		01/	1//03
AMADOR COUNTI	SUMMARI OF SERVIC	ES FOR 00 DCCIF	-SIAIE-UNL	T	AID CODES OF	MON	תחות אוובטא	~E	
04 ELIGIBLES	USERS U	NITS OF SERVICE	FYDI	ENDITURES	AVERAGE COST		COST PER	COST	DEB
04 EDIGIDES		OR DAYS OF CARE	EXE	ENDITORES	PER UNIT/DAY		USER	ELIGI	
@ALL OTHER PROVIDERS	0	ON DAIS OF CARE	\$.00	\$.00	.000 \$		\$.00
DURABLE MED. EQUIP.	0	0	Y	.00	.00	.000	.00	Y	.00
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00		.00
MEDICAL IKANSPOKIAIION	U	U		.00	.00	.000	.00		.00

0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0 \$.00	\$.00	.000	\$.00	\$.00
^	0 6	.00	\$.00	.000	\$.00	\$.00
		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00	0 0 .00 .00 0	0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00	0 0 .00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 873
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
AMADOR COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

----- MONTHLY AVERAGE -----11 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @TOTAL, ALL PROVIDERS 24 84 5,048.00 \$ 60.10 7.636 \$ 210.33 \$ 458.91 11 20 1,468.80 73.44 1.818 \$ 133.53 \$ @PHYSICIANS SERVICES 133.53 OUTPATIENT VISITS 8 343.20 38.13 .818 42.90 42.90 343.20 38.13 OFFICE VISITS .818 31.20 HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .00 .000 HOSPITAL VISITS .00 CRITICAL CARE .00 .00 .000 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 EXAMINATIONS .00 .00 .00 .00 .000 .00 SERVICES AND MATERIALS .00 .00 .000 .00 624.16 312.08 624.16 56.74 INPATIENT HOSPITAL SURGERY .182 312.08 624.16 624.16 PRINCIPAL SURGEON .182 56.74 .00 .00 .00 .000 .00 ASSISTANT SURGEON ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY 186.72 186.72 .091 186.72 16.97 PRINCIPAL SURGEON 186.72 186.72 .091 186.72 16.97

A COTOMANIE GUDGEON		0		0.0	0.0	000	0.0		0.0
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	3	7		290.12	41.45	.636	96.71		26.37
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		24.60	24.60	.091	24.60		2.24
@PHARMACY	3	3	\$		\$ 55.90		\$ 55.90	\$	15.24
PRESCRIPTION DRUGS	3	3		167.69	55.90	.273	55.90		15.24
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	3	3		167.69	55.90	.273	55.90		15.24
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE:	в моитн-с				DEC 2002	PAG	
MOP024	FEE-FOR-SERVICE/DENTAL			22 2111111111 1(1)1	01.1 101. 0111	2002 1111(0	220 2002		01/17/03
1101 02 1	ILL ION DUNVIOU, DUNIA								01,11,00

MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

THE DOTE COUNTY	DOIMING OF DEL	WICED FOR O' DO	011 1	711111							
							M	ГИО	THLY AVERA	GΕ	
11 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAL	RE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	10	46	\$	1,093.37	\$	23.77	4.182	\$	109.34	\$	99.40
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	10	46			1,093.37		23.77	4.182		109.34		99.40
MEDICAL	1	1			18.63		18.63	.091		18.63		1.69
SURGERY	1	1			97.35		97.35	.091		97.35		8.85
PATHOLOGY	9	29			637.54		21.98	2.636		70.84		57.96
RADIOLOGY	5	5			214.57		42.91	.455		42.91		19.51
ROOM USE	1	3			33.06		11.02	.273		33.06		3.01
CROSSOVERS/ALL OTH OUTPTNT	1	7			92.22		13.17	.636		92.22		8.38
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
MEDICAL	0	0			.00		.00	.000		.00		.00
SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUE	RES	MONTH-C	F-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 875
MOP024	FEE-FOR-SERVICE/DENTAL											01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	67 BCC	TP-T	OTAL								
								M	ONT	HLY AVERA	GE -	

					MON	ITHLY AVERA	GE
11 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	46	\$ 1,093.37	\$ 23.77	4.182	109.34	\$ 99.40
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10	46	1,093.37	23.77	4.182	109.34	99.40
MEDICAL	1	1	18.63	18.63	.091	18.63	1.69
SURGERY	1	1	97.35	97.35	.091	97.35	8.85
PATHOLOGY	9	29	637.54	21.98	2.636	70.84	57.96
RADIOLOGY	5	5	214.57	42.91	.455	42.91	19.51
ROOM USE	1	3	33.06	11.02	.273	33.06	3.01
CROSSOVERS/ALL OTH OUTPINT	1	7	92.22	13.17	.636	92.22	8.38
@STATE HOSPITAL	0	0 :	\$.00	\$.00	.000	.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	10.94	\$	10.94	.091	\$	10.94	\$.99
PATHOLOGY	1	1		10.94		10.94	.091		10.94		.99
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	8	12	\$	2,245.78	\$	187.15	1.091	\$	280.72	\$	204.16
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	8	12		2,245.78		187.15	1.091		280.72		204.16
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	AGE 876
MOP024	FEE-FOR-SERVICE/DENTAL	ı									01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

AMADOR COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

ANADOR COUNTI	SOMMAN OF SER	VICES FOR O' DECIL TOTAL					
					MONT	THLY AVERAG	E
11 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	2 \$	61.42	\$ 30.71	.182 \$	61.42	\$ 5.58
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	61.42	30.71	.182	61.42	5.58
PROSTHETICS	1	2	61.42	30.71	.182	61.42	5.58
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0	\$.00	\$.00	.000 \$.00 \$.00
0	0	\$.00	\$.00	.000 \$.00 \$.00
	0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 \$.00	0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 \$.00 \$	0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 \$.00 .00 0 0 \$.00 \$	0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 \$.00 \$.00 \$	0 0 .00 .00 .00 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 \$.00 \$.00 \$

 $^{0^\}star$ Totals in these lines are given as a separate information item only;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 877 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOPUZ4	FEE-FOR-SERVICE/DENTAL							01/1//03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	68 QMB	- ONLY		AID CO	DDE		
						MON	NTHLY AVERA	GE
116 ELIGIBLES	USERS UNITS O	F SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAY	S OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	9	15	\$	151.18	\$ 10.08	.129	\$ 16.80	\$ 1.30
@PHYSICIANS SERVICES	6	10	\$	130.78	\$ 13.08	.086	\$ 21.80	\$ 1.13
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	6	10		130.78		13.08	.086	21.80		1.13
@PHARMACY	0	0	\$.00	\$.00	.000			
PRESCRIPTION DRUGS	0	0	'	.00		.00	.000	.00		.00
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	0	0		.00		.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000			
VISITS - DIAGNOSTIC	0	0	Υ	.00	Ψ	.00	.000	.00		.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		
DENTURES, STAYPLATES	0	0		.00			.000	.00		.00
SPACE MAINTAINERS	0	0				.00				.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	U		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	U 	TO 1/01/	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES MONI	TH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU I	DEC 2002		PAGE 878
MOP024	FEE-FOR-SERVICE									01/17/03
AMADOR COUNTY	SUMMARY OF SERV	VICES FOR 68 QMB	- ONLY			AID CO				
116								NTHLY AVER	-	
116 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
0.0000000000000000000000000000000000000	Ō	OR DAYS OF CARE		0.0			PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000			
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00		\$.00		
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000			.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00		\$.00		.00
NURSE ANESTHESIST	0	0	\$.00	\$.00		\$.00		
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

EAMILY NUDGE DDAGMINIONED	0	^	ċ	0.0	÷ (.000	Ċ	<u>م</u>	0.0
FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	0		\$.00 12.56	\$.(00 \$ 28 \$	
HOSP INPATIENT TOTAL	2	4	ې	.00	, , ,	14 .034		28 P	.00
	0	0		.00	•			0 0	
HSC HOSPITALS	0	0				.000			.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.000		00	.00
ACCOMMODATIONS	0	0		.00		.000		00	.00
ADMINISTRATIVE DAYS	0	0		.00		.000		00	.00
TRANSITIONAL IP CARE	0	0		.00		.000		00	.00
ALL OTHER ACCOM	0	0		.00		.000		0.0	.00
ANCILLARIES	0	0		.00		.000		00	.00
INPATIENT CROSSOVERS	0	0		.00		.000		0.0	.00
ALL OTHER INPATIENT	0	0		.00	. (.000		0.0	.00
HOSP OUTPATIENT TOTAL	2	4		12.56	3.2	.034	6.3	28	.11
MEDICAL	0	0		.00	. (.000		0.0	.00
SURGERY	0	0		.00	. (.000		0 C	.00
PATHOLOGY	0	0		.00	. (.000		0.0	.00
RADIOLOGY	0	0		.00	. (.000		0.0	.00
ROOM USE	0	0		.00	. (.000		0.0	.00
CROSSOVERS/ALL OTH OUTPINT	2	4		12.56	3.1	.034	6.	28	.11
@COUNTY HOSPITAL TOTAL	2	4	\$	12.56	\$ 3.2	.034	\$ 6.3	28 \$.11
CO HOSPITAL INPATIENT TOTAL	0	0		.00	. (.000)	0.0	.00
HSC HOSPITALS	0	0		.00	. (.000		0.0	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	. (.000		0.0	.00
ACCOMMODATIONS	0	0		.00	. (.000		0.0	.00
ADMINISTRATIVE DAYS	0	0		.00	. (.000		0.0	.00
TRANSITIONAL IP CARE	0	0		.00	. (.000		0.0	.00
ALL OTHER ACCOM	0	0		.00	. (.000		0.0	.00
ANCILLARIES	0	0		.00	. (.000		0.0	.00
INPATIENT CROSSOVERS	0	0		.00	. (.000		0.0	.00
ALL OTHER INPATIENT	0	0		.00	. (.000		0.0	.00
CO HOSP OUTPATIENT TOTAL	2	4		12.56	3.1		6.3	28	.11
MEDICAL	0	0		.00	. (.000		0.0	.00
SURGERY	0	0		.00	. (.000		00	.00
PATHOLOGY	0	0		.00		.000		00	.00
RADIOLOGY	0	0		.00		.000		00	.00
ROOM USE	0	0		.00		.000		00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	4		12.56	3.1				.11
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	A DE MULLIIDE T	S MONTH-OF						PAGE 879
MOP024	FEE-FOR-SERVICE/DENTAL	'71 TIADT I OIVE	D PIONIII OI	TATLIBIAT IND	LOMI FOR (7111 2002 IIINC	, 120 2002		01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	68 QMB -	ONLY		Δ -	ID CODE			01/1//05
11111111111111111111111111111111111111	COLUMNIC OF CHICATORO FOR	00 5110	01111		A.		MONTHLY AV	ZRACF	
							TOTATIOT DA	42011	

116 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 0 \$.00 \$.00 .000 \$.00 \$.00 COMM HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 HSC HOSPITALS NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM 0 .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 ANCILLARIES .00 .00 .00 .00 .000 INPATIENT CROSSOVERS .00 ALL OTHER INPATIENT 0 .00 .00 .000 .00 COMM HOSP OUTPATIENT TOTAL 0 .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00

SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
ROOM USE	0		0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00			\$.00
• -	0			Ş		Ş		.000	•	Ą	
MENTALLY ILL	U		0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000	.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00		\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
LEV B-REGULAR	0		0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	Ô		0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0		0	۲	.00	۲	.00	.000	.00	۲	.00
ICF DD	0		0		.00		.00	.000	.00		.00
	0		0								
ICF DDN/DDCN	U				.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0	•	.00	·	.00	.000	.00		.00
XO AND OTHERS	0		0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	1		1	\$	7.84	\$	7.84		\$ 7.84	\$.07
CLINIC	0		0	۲	.00	۲	.00	.000	.00	٧	.00
	0		0								
SURGICENTER	0		•		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	U		0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	1		Τ		7.84		7.84	.009	7.84		.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO		NDITURE	ES MONT	'H-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU D	EC 2002	P	AGE 880
MOP024	FEE-FOR-SERVICE										01/17/03
AMADOR COUNTY	SUMMARY OF SERV	VICES FOR 68	8 QMB -	- ONLY			AID CO	DDE			
								MO	NTHLY AVERA	AGE ·	
116 ELIGIBLES	USERS	UNITS OF SE	ERVICE		EXPENDITURES			UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF	F CARE			PER	UNIT/DAY	PER ELIG	USER]	ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0		.00		.00	.000	.00		.00
BLOOD BANK	0		0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0		0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0		n		.00		.00	.000	.00		.00
OTHER TRANS	0		0		.00		.00	.000	.00		.00
OTHER SERVICES	0		0		.00		.00	.000	.00		.00
	0										
ACUPUNCTURE			0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0		0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0		0		.00		.00	.000	.00		.00
OPTICIAN	0		0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0		0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0		0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0		0		.00		.00	.000	.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	8	14	\$ 143.34	\$ 10.24	.121	\$ 17.92	\$ 1.24

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 881
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
AMADOR COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

AMADOR COUNTY	SUMMARY OF SER	VICES FOR 69 133% PROGR	AM A	ID CODES /2 /4			
						THLY AVERAGE	
397 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	171	560 \$	24,694.83	\$ 44.10	1.411 \$		
@PHYSICIANS SERVICES	37	96 \$	3,718.33	\$ 38.73	.242 \$	100.50	\$ 9.37
OUTPATIENT VISITS	19	22	815.15	37.05	.055	42.90	2.05
OFFICE VISITS	18	21	778.94	37.09	.053	43.27	1.96
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	6.96	.00	.000	.00	.02
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	29.25	29.25	.003	29.25	.07
INPATIENT VISITS	1	2	137.36	68.68	.005	137.36	.35
HOSPITAL VISITS	1	2	137.36	68.68	.005	137.36	.35
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	4	94.01	23.50	.010	94.01	.24
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	94.01	23.50	.010	94.01	.24
OUTPATIENT SURGERY	12	4 9	2,401.66	49.01	.123	200.14	6.05
PRINCIPAL SURGEON	8	9	1,580.79	175.64	.023	197.60	3.98
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	40	820.87	20.52	.101	136.81	2.07
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	45.76	15.25	.008	15.25	.12
RADIOLOGY	7	12	149.33	12.44	.030	21.33	.38
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	4	75.06	18.77	.010	75.06	.19
@PHARMACY	78	143 \$	2,440.33	\$ 17.07	.360 \$		•
PRESCRIPTION DRUGS	78	141	2,408.45	17.08	.355	30.88	6.07
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	78	141	2,408.45	17.08	.355	30.88	6.07

MEDICAL SUPPLIES	1	2	31.88		15.94	.005	31.88		.08
@DENTIST	$1\overline{1}$	56	\$ 1,455.00	\$	25.98	.141		\$	3.66
VISITS - DIAGNOSTIC	8	33	391.00	•	11.85	.083	48.88	·	.98
ORAL SURGERY	1	4	159.00		39.75	.010	159.00		. 40
DRUGS	0	0	.00		.00	.000	.00		.00
ANESTHESIA	0	0	.00		.00	.000	.00		.00
PERIODONTICS	0	0	.00		.00	.000	.00		.00
ENDODONTICS	1	3	213.00		71.00	.008	213.00		.54
RESTORATIVE DENTISTRY	5	16	692.00		43.25	.040	138.40		1.74
PROSTHETICS	0	0	.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI CAI CEDITION A	NE EURENETHUR	ES MONTH-OF-PAYMENT		FOR JAN '	מ זומטים פחחפ	EC 2002	PAGI	E 882
#CALIF DEFI OF MEALIN SERV	MEDI-CAL SERVICES A	ND EXPENDITUR	72 MONIU-OL-EVIMENI S	ALFUNI.	LOI OHN 2	2002 INKO D	EC 2002	FAGI	5 002
MOP024	FEE-FOR-SERVICE/DEN		ES MONIH-OF-FAIMENI	NEFUNI.	FOR OAN 2	2002 IHRO D	EC 2002	_	01/17/03
		ITAL			ES 72 74		EC 2002	_	
MOP024	FEE-FOR-SERVICE/DEN	ITAL				8N	NTHLY AVER	(
MOP024	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES	ITAL		AID COD	ES 72 74	8N		\GE	
MOP024 AMADOR COUNTY	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	TAL FOR 69 133%	PROGRAM EXPENDITURES	AID COD	ES 72 74 AGE COST UNIT/DAY	8N MO UNITS/DAYS	NTHLY AVERA	AGE	01/17/03
MOP024 AMADOR COUNTY	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	TAL FOR 69 133% TS OF SERVICE	PROGRAM EXPENDITURES \$ 47.45	AID COD	ES 72 74 AGE COST UNIT/DAY 47.45	8N MO UNITS/DAYS PER ELIG .003	NTHLY AVERA COST PER USER \$ 47.45	AGE CO: EL:	01/17/03 ST PER IGIBLE .12
MOP024 AMADOR COUNTY 397 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	TAL FOR 69 133% TS OF SERVICE	PROGRAM EXPENDITURES \$ 47.45 47.45	AID COD: AVER. PER	ES 72 74 AGE COST UNIT/DAY 47.45 47.45	8N MO UNITS/DAYS PER ELIG .003 .003	NTHLY AVERA COST PER USER \$ 47.45 47.45	AGE CO: EL:	01/17/03 ST PER IGIBLE .12 .12
MOP024 AMADOR COUNTY 397 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	TAL FOR 69 133% TS OF SERVICE	PROGRAM EXPENDITURES \$ 47.45 47.45 .00	AID COD: AVER. PER	AGE COST UNIT/DAY 47.45 47.45	8N MO UNITS/DAYS PER ELIG .003	NTHLY AVERA COST PER USER \$ 47.45 47.45	AGE CO: EL:	01/17/03 ST PER IGIBLE .12
MOP024 AMADOR COUNTY 397 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	TAL FOR 69 133% TS OF SERVICE	PROGRAM EXPENDITURES \$ 47.45 47.45	AID COD: AVER. PER	ES 72 74 AGE COST UNIT/DAY 47.45 47.45	8N MO UNITS/DAYS PER ELIG .003 .003	NTHLY AVERA COST PER USER \$ 47.45 47.45 .00	AGE COS EL:	01/17/03 ST PER IGIBLE .12 .12
MOP024 AMADOR COUNTY 397 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	TAL FOR 69 133% TS OF SERVICE	PROGRAM EXPENDITURES \$ 47.45 47.45 .00 .00 \$	AID COD: AVER. PER	AGE COST UNIT/DAY 47.45 47.45	8N MO UNITS/DAYS PER ELIG .003 .003 .000	NTHLY AVERA COST PER USER \$ 47.45 47.45 .00 .00 \$.00	AGE COS EL:	01/17/03 ST PER IGIBLE .12 .12 .00
MOP024 AMADOR COUNTY 397 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	TAL FOR 69 133% TS OF SERVICE DAYS OF CARE 1 1 0 0 0 0	PROGRAM EXPENDITURES \$ 47.45 47.45 .00 .00 \$.00	AID COD AVER PER	ES 72 74 AGE COST UNIT/DAY 47.45 47.45 .00 .00 .00 .00	8N MO UNITS/DAYS PER ELIG .003 .003 .000 .000 .000	NTHLY AVERA COST PER USER \$ 47.45 47.45 .00 .00 \$.00	AGE COS EL:	01/17/03 ST PER IGIBLE .12 .12 .00 .00 .00
MOP024 AMADOR COUNTY 397 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	TAL FOR 69 133% TS OF SERVICE	PROGRAM EXPENDITURES \$ 47.45 47.45 .00 .00 .00 .00 .00	AID COD AVER PER	ES 72 74 AGE COST UNIT/DAY 47.45 47.45 .00 .00 .00 .00	8N MO UNITS/DAYS PER ELIG .003 .003 .000 .000	NTHLY AVERA COST PER USER \$ 47.45 47.45 .00 .00 \$.00 .00	AGE COS EL:	01/17/03 ST PER IGIBLE .12 .12 .00 .00 .00
MOP024 AMADOR COUNTY 397 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	TAL FOR 69 133% TS OF SERVICE DAYS OF CARE 1 1 0 0 0 0	PROGRAM EXPENDITURES \$ 47.45 47.45 .00 .00 \$.00 \$.00 \$.00 \$.00	AID COD AVER PER	ES 72 74 AGE COST UNIT/DAY 47.45 47.45 .00 .00 .00 .00 .00 .00	8N MO UNITS/DAYS PER ELIG .003 .003 .000 .000 .000 .000 .000	NTHLY AVERA COST PER USER \$ 47.45 47.45 .00 .00 \$.00 .00 \$.00 .00	AGE COS EL:	01/17/03 ST PER IGIBLE .12 .00 .00 .00 .00 .00
MOP024 AMADOR COUNTY 397 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE/DEN SUMMARY OF SERVICES USERS UNI	TAL FOR 69 133% TS OF SERVICE DAYS OF CARE 1 1 0 0 0 0	PROGRAM EXPENDITURES \$ 47.45 47.45 .00 .00 .00 .00 .00	AID COD: AVER. PER \$	ES 72 74 AGE COST UNIT/DAY 47.45 47.45 .00 .00 .00 .00	8N MO UNITS/DAYS PER ELIG .003 .003 .000 .000 .000 .000	NTHLY AVERA COST PER USER \$ 47.45 47.45 .00 .00 \$.00 .00	AGE CO: EL: \$	01/17/03 ST PER IGIBLE .12 .00 .00 .00 .00

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	62	167	S	7,970.60	\$.421		128.56		20.08
HOSP INPATIENT TOTAL	1	1		2,600.48		2600.48	.003		2600.48		6.55
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	1		2,600.48		2600.48	.003		2600.48		6.55
ACCOMMODATIONS	1	1		468.00		468.00	.003		468.00		1.18
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		468.00		468.00	.003		468.00		1.18
	1	0									
ANCILLARIES	0	0		2,132.48		.00	.000		2132.48		5.37
INPATIENT CROSSOVERS	•	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	•		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	61	166		5,370.12		32.35	.418		88.03		13.53
MEDICAL	45	58		2,299.44		39.65	.146		51.10		5.79
SURGERY	5	5		387.26		77.45	.013		77.45		.98
PATHOLOGY	14	41		500.61		12.21	.103		35.76		1.26
RADIOLOGY	7	7		167.59		23.94	.018		23.94		.42
ROOM USE	30	38		1,740.74		45.81	.096		58.02		4.38
CROSSOVERS/ALL OTH OUTPINT	8	17		274.48		16.15	.043		34.31		.69
@COUNTY HOSPITAL TOTAL	1	3	\$	66.87	\$	22.29	.008	\$	66.87	\$.17
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	3		66.87		22.29	.008		66.87		.17
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		50.23		50.23	.003		50.23		.13
CROSSOVERS/ALL OTH OUTPTNT	=	2		16.64		8.32	.005		16.64		.04
		CES AND EXPENDITUR	ES MONT		E.POR'			DEC		P.	AGE 883
MOP024	FEE-FOR-SERVICE		LO HONI	II OI IIIIIIIII IO	DI OIK	1 1010 07110 2	2002 1111(0	рцс	2002		01/17/03
AMADOR COUNTY		VICES FOR 69 133%	DDOCDA	M 7	TD C	ODES 72 74	Q NT				01/1//05
AMADON COUNTI	SOMMANI OF SERV	VICES FOR 09 155%	INOGNA	тı	ID C	ODES /2 /4	M	ONT	HIV AVERA	CF .	
397 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ77	ERAGE COST					COST PER
00, 111011110	ODLING	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	61	164	\$	7,903.73	\$				129.57		19.91
COMM HOSP INPATIENT TOTAL	1	1	Υ	2,600.48	Y	2600.48	.003	Y	2600.48	Y	6.55
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON HEC HOSPITALS TOTAL	1	1		2 600 40		2600 49	.000		2600 49		.00

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.00

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ACCOMMODATIONS

1

1

0

ALL OTHER ACCOM	1	1		46	8.00		468.00	.003		468.00		1.18
ANCILLARIES	1	0		2,13	2.48		.00	.000		2132.48		5.37
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	60	163		5,30	3.25		32.54	.411		88.39		13.36
MEDICAL	45	58		2,29			39.65	.146		51.10		5.79
SURGERY	5	5		. 38	7.26		77.45	.013		77.45		.98
PATHOLOGY	14	41			0.61		12.21	.103		35.76		1.26
RADIOLOGY	7	7			7.59		23.94	.018		23.94		.42
ROOM USE	29	37		1,69			45.69	.093		58.29		4.26
CROSSOVERS/ALL OTH OUTPTNT		15			7.84		17.19	.038		36.83		.65
@STATE HOSPITAL	0	0	\$	20	.00	\$.00		\$.00	Ś	.00
MENTALLY ILL	0	0	т		.00	т	.00	.000	Τ.	.00	Τ.	.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
LEV A-INTERMEDIATE	0	0	۲		.00	Ψ.	.00	.000	7	.00	Υ	.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B SOBACOTE HISTE BASED LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ś	.00		\$.00	Ċ	.00
ICF DDH	0	0	۲		.00	۲	.00	.000	۲	.00	ې	.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
	0	0	\$.00	\$.00	.000	ċ	.00	ċ	
@HEMODIALYSIS TOTAL	0	0	Ą			Ş			ې		Ą	.00
HOSPITAL BASED	0	•			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	U	0	<u> </u>		.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@REHABILITATION FACILITY	U	0	\$.00	\$.00	.000	Ş	.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	_		.00	_	.00	.000	_	.00	_	.00
@LABORATORY FACILITY	2	4	\$		2.20	\$	25.55	.010	Ş	51.10	Ş	.26
PATHOLOGY	2	4		10	2.20		25.55	.010		51.10		.26
XO AND OTHERS	0	0	_	0 = 0	.00	_	.00	.000	_	.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	38	61	\$	8,56	5.58	\$	140.42	.154	Ş	225.41	Ş	21.58
CLINIC	0	0			.00		.00	.000		.00		.00
SURGICENTER	1	8		27	4.34		34.29	.020		274.34		.69
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	37	53		8,29			156.44	.134		224.09		20.88
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITU	JRES	MONTH-OF-PAYM	ENT R	EPORT	' FOR JAN 2	2002 THRU	DEC	2002	P	AGE 884
MOP024	FEE-FOR-SERVIC	•										01/17/03
AMADOR COUNTY	SUMMARY OF SERV	VICES FOR 69 133	}% PR	OGRAM	A	ID CC	DES 72 74					
								M				
397 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDIT	URES		RAGE COST				(COST PER
		OR DAYS OF CAR	RΕ				UNIT/DAY	-		USER		ELIGIBLE
@ALL OTHER PROVIDERS	5	32	\$	39	5.34	\$	12.35	.081	\$	79.07	\$	1.00
DURABLE MED. EQUIP.	1	1		9	6.98		96.98	.003		96.98		.24
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	1	18		19	7.40		10.97	.045		197.40		.50
AMBULANCES/AIR TRANS	1	18		19	7.40		10.97	.045		197.40		.50
OTHER TRANS	0	0			.00		.00	.000		.00		.00
OTHER SERVICES	0	0			.00		.00	.000		.00		.00
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00
ADILE DAY HEATEH CADE CED	0	0			0.0		0.0	000		0.0		0.0

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ADULT DAY HEALTH CARE CTR

GENETIC DISEASE TESTING

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	13	100.96	7.77	.033	33.65	.25
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	0	\$ 160.17	\$.00	.000	\$ 53.39	\$.40
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 885 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 AMADOR COUNTY SUMMARY OF SERVICES FOR 70 100% PROGRAM

AID CODES 7A 7C 8R

----- MONTHLY AVERAGE -----663 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 233 752 26,860.83 35.72 1.134 \$ 115.28 \$ 40.51 @TOTAL, ALL PROVIDERS 52 107 3,621.49 33.85 .161 \$ 69.64 \$ 5.46 @PHYSICIANS SERVICES 39 50 .075 46.86 OUTPATIENT VISITS 1,827.38 36.55 2.76 42 45.59 OFFICE VISITS 34 1,550.05 36.91 .063 2.34 .000 HOME VISITS 0 0 .00 .00 .00 .00 230.69 EMERGENCY ROOM 38.45 .009 46.14 .35 PREVENTIVE CARE 0 .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 OB VISITS/COMPRE PERI 46.64 23.32 23.32 OTHER OUTPATIENT .003 .07 59.28 INPATIENT VISITS .00 .000 .00 .09 HOSPITAL VISITS 59.28 .00 .000 .00 .09 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .00 PRINCIPAL SURGEON .000 .00 0 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY 27 1,373.37 50.87 196.20 .041 2.07 5 204.01 PRINCIPAL SURGEON 1,020.03 204.01 .008 1.54 0 .00 .00 ASSISTANT SURGEON .000 .00 .00 22 353.34 16.06 .53 ANESTHESIOLOGIST .033 176.67 0 .00 .00 .000 .00 DIALYSIS .00 PATHOLOGY 6 6 88.58 14.76 .009 14.76 .13 RADIOLOGY 14 243.86 10.60 .035 17.42 .37 **PSYCHIATRY** .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		29.02		29.02	.002	29.02		.04
@PHARMACY	85	159	\$	4,966.00	\$	31.23	.240	\$ 58.42	\$	7.49
PRESCRIPTION DRUGS	85	159		4,966.00		31.23	.240	58.42		7.49
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	85	159		4,966.00		31.23	.240	58.42		7.49
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	22	99	\$	2,978.20	\$	30.08	.149	\$ 135.37	\$	4.49
VISITS - DIAGNOSTIC	15	69		1,211.20		17.55	.104	80.75		1.83
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	9	20		962.00		48.10	.030	106.89		1.45
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	6	10		805.00		80.50	.015	134.17		1.21
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MON	TH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU I	DEC 2002	PA	GE 886
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FO	R 70 100	% PROGR	AM A	ID COD	ES 7A 70				
							1/1/	ATTRICT A TITULA	CE	

MOP024	FEE-FOR-SERVICE	E/DENTAL										01/17/03
AMADOR COUNTY	SUMMARY OF SERV	VICES FOR	70 100%	PROGRAM	A	ID CO	DES 7A 7C	8R				
								M	ONT	HLY AVERA	GE.	
663 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	9		24	\$	530.76	\$	22.12	.036	\$	58.97	\$.80
DIAGNOSTIC AND ANC. PROCED	7		7		316.84		45.26	.011		45.26		.48
EYE APPLIANCES	6		17		213.92		12.58	.026		35.65		.32
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	2		2	\$	70.00	\$	35.00	.003	\$	35.00	\$.11
MEDICINE/INJECTIONS	1		1		55.00		55.00	.002		55.00		.08
SURGERY/ANES.	1		1		15.00		15.00	.002		15.00		.02
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	61		175	\$	6,602.69	\$	37.73	.264	\$	108.24	\$	9.96
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	61	175		6,602.69	37.73	.264	108.24		9.96
MEDICAL	37	42		1,686.90	40.16	.063	45.59		2.54
SURGERY	4	4		213.06	53.27	.006	53.27		.32
PATHOLOGY	12	36		374.10	10.39	.054	31.18		.56
RADIOLOGY	19	27		2,068.85	76.62	.041	108.89		3.12
ROOM USE	32	4 4		2,001.85	45.50	.066	62.56		3.02
CROSSOVERS/ALL OTH OUTPINT	14	22		257.93	11.72	.033	18.42		.39
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MONTH	H-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DI	EC 2002	PAGE	887
MOP024	FEE-FOR-SERVICE							01	L/17/03
AMADOR COUNTY	SUMMARY OF SERVI	ICES FOR 70 100%	PROGRAM	I A I	ID CODES 7A 7C				
							NTHLY AVERA		
663 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				r per
		OR DAYS OF CARE			PER UNIT/DAY		USER		GIBLE
@COMMUNITY HOSPITAL TOTAL	61	175	\$	6,602.69	\$ 37.73	.264	\$ 108.24	Ş	9.96

COMM HOSP INPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
	0	0			.00					.00		
ALL OTHER ACCOM	0	0					.00	.000				.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	61	175			6,602.69		37.73	.264		108.24		9.96
MEDICAL	37	42			1,686.90		40.16	.063		45.59		2.54
SURGERY	4	4			213.06		53.27	.006		53.27		.32
PATHOLOGY	12	36			374.10		10.39	.054		31.18		.56
RADIOLOGY	19	27			2,068.85		76.62	.041		108.89		3.12
ROOM USE	32	44			2,001.85		45.50	.066		62.56		3.02
	14	22			257.93							.39
CROSSOVERS/ALL OTH OUTPTNT			Ċ			Ċ	11.72	.033	Ċ	18.42	Ċ	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
	0		Ċ			Ċ			Ċ		Ċ	
@INTERMEDIATE CARE FACILDD	U	0	\$.00	\$.00	.000	\$.00	Þ	.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	'		.00		.00	.000	'	.00		.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
	0	10	ċ			ċ			ċ		\$	
@LABORATORY FACILITY	5		\$		98.45	\$	9.85	.015	Ş	19.69	Þ	.15
PATHOLOGY	5	10			98.45		9.85	.015		19.69		.15
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	37	51	\$		6,904.30	\$	135.38	.077	\$	186.60	\$	10.41
CLINIC	0	0			.00		.00	.000		.00		.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	37	51			6,904.30		135.38	.077		186.60		10.41
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITU	IRES	моитн-о		EPORT			DEC		Р	AGE 888
MOP024	FEE-FOR-SERVICE							2002 211110	220	2002	_	01/17/03
AMADOR COUNTY		ICES FOR 70 100	1º DD	\bigcirc CD $^{\Lambda}$ M	7\	TD CC	DES 71 70	Q D				01/11/03
AMADON COUNTI	SUMMANT OF SERV	ICES FOR 70 100	7.0 EIV	OGIVAM	Δ	LD CC	JDES /A /C			HLY AVERA	CE.	
(62 ELIGIDIDA	Hanna	INTER OF SERVICE	20			70 77 77	TD 7 CE COCE					
663 ELIGIBLES	USERS	UNITS OF SERVIC		EX	PENDITURES							COST PER
		OR DAYS OF CAR					R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	47	125	\$		1,088.94	\$	8.71	.189	\$	23.17	\$	
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0			.00		.00	.000		.00		.00
	•	ĕ			• • • •					• • • •		

AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	5	10		92.64	9.26	.015	18.53	.14
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1		44.08	44.08	.002	44.08	.07
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	1	1		44.08	44.08	.002	44.08	.07
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	41	114		952.22	8.35	.172	23.22	1.44
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	59.28	\$.00	.000	\$.00	\$.09
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
A* TOTALS IN TUESE IINES ADE CIVI	ENI YG Y GEDYDYLE .	TNEODMARTON	TTEM ONIV.					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 889
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 146 304 11,926.58 \$ 39.23 .000 \$ 81.69 \$.00 .00 99 170 8,426.12 49.57 .000 \$ 85.11 \$ @PHYSICIANS SERVICES 95 139 82.36 OUTPATIENT VISITS 7,823.85 56.29 .000 .00 OFFICE VISITS 46 51 980.88 19.23 .000 21.32 .00 HOME VISITS 0 0 .00 .00 .000 .00 .00 EMERGENCY ROOM 0 .00 .00 .000 .00 .00 PREVENTIVE CARE 0 0 .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI 6,842.97 77.76 .000 106.92 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPITAL VISITS CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .00 .00 .000 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .00 ASSISTANT SURGEON .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 22.80 OUTPATIENT SURGERY 45.60 .000 45.60 .00 PRINCIPAL SURGEON 45.60 22.80 .000 45.60 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	24	24	175.06	7.29	.000	7.29	.00
RADIOLOGY	4	4	264.10	66.03	.000	66.03	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	117.51	117.51	.000	117.51	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	23	41 \$	678.34	\$ 16.54	.000	\$ 29.49	\$.00
PRESCRIPTION DRUGS	23	41	678.34	16.54	.000	29.49	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	23	41	678.34	16.54	.000	29.49	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 890

SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F AMADOR COUNTY ----- MONTHLY AVERAGE -----USERS 00 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 \$.00 .000 \$.00 \$.00 .000 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .00

01/17/03

FEE-FOR-SERVICE/DENTAL

MOP024

.00 EYE APPLIANCES .00 .00 .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$.00 .000 \$.00 \$.00 .000 VISITS 0 .00 .00 .00 .00 .000 OTHER SERVICES 0 .00 .00 .00 .00 @PODIATRIST .00 .00 .000 \$.00 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 .00 .00 OTHER .00 .000 .00 0 .000 \$ @HOME HEALTH AGENCY .00 \$.00 .00 \$.00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 .00 NURSE MIDWIFE .00 .00 .000 .00 .00 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 \$.00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 \$.00 .00 162.80 162.80 162.80 @TOTAL HOSPITAL .000 \$.00 .00 .000 .00 .00 HOSP INPATIENT TOTAL .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0					
HOSP OUTPATIENT TOTAL	1	1	162.80	162.80	.000	162.80	.00
MEDICAL	Ü	0	.00	.00	.000	.00	.00
SURGERY	0	0	25.72	.00	.000	.00	.00
PATHOLOGY	0	0	49.06	.00	.000	.00	.00
RADIOLOGY	1	1	80.38	80.38	.000	80.38	.00
ROOM USE	0	0	7.64	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	U	U	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M	ONTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 891
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
AMADOR COUNTY	SUMMARY OF SERV	ICES FOR 71 PRESUMP	ELIGIBILITY-PREGNA	NT AID CODES	7F		
					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1 \$	162.80	\$ 162.80	.000 \$	162.80	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	Ô	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0					
	0	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	162.80	162.80	.000	162.80	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	25.72	.00	.000	.00	.00
PATHOLOGY	0	0	49.06	.00	.000	.00	.00
RADIOLOGY	1	1	80.38	80.38	.000	80.38	.00
	_	-					
ROOM USE	\cap	\cap	7 61	\sim		0.0	\cap
CDCCCCVEDC/ATT OHI CURDENIE	0	0	7.64	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	0 0 0	0 0 0 \$	7.64 .00 .00	.00 .00 \$.00	.000 .000 .000 \$.00	.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	44	90	\$	2,449.32	\$	27.21	.000	\$	55.67	\$.00
PATHOLOGY	44	90		2,449.32		27.21	.000		55.67		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	KPENDITU	JRES 1	MONTH-OF-PAYMENT RE	PORT	FOR JAN 2002	THRU	DEC	2002	PAGE	
MOP024	FEE-FOR-SERVICE/DENTAL									()1/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	71 PRE	ESUMP	ELIGIBILITY-PREGNA	NT	AID CODES 7F					
							N	IONT	HLY AVERA	GE	

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE				PEF	R UNIT/DAY	PER ELIG	USER	ΕI	IGIBLE
@ALL OTHER PROVIDERS	2	2	\$		210.00	\$	105.00	.000	\$ 105.00	\$.00
DURABLE MED. EQUIP.	0	0			.00		.00	.000	.00		.00
BLOOD BANK	0	0			.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0			.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0			.00		.00	.000	.00		.00
OTHER TRANS	0	0			.00		.00	.000	.00		.00
OTHER SERVICES	0	0			.00		.00	.000	.00		.00
ACUPUNCTURE	0	0			.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	2	2			210.00		105.00	.000	105.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000	.00		.00
OPTICIAN	0	0			.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0			.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0			.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0			.00		.00	.000	.00		.00
PROSTHETICS	0	0			.00		.00	.000	.00		.00
ORTHOTICS	0	0			.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0			.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0			.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0			.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0			.00		.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES*	0 0 0 0	0 0 0 0 0	\$ \$ TEM	ONI V.	.00	\$ \$.00	.000	 .00	\$ \$.00 .00 .00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 893 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 AMADOR COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

INDOIC CCCIVII	DOIMMING OF DEED	VIOLO IOIC	, 2 11001	. 01111	TODELCOOLOGIC TICOC	J1 (1 11 1	1110 00	,,,,			
								MC	NTHLY AVE	RAGE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE	3	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PER	₹	COST PER
		OR DAYS	OF CARE	3		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00) \$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00) \$.00
OUTPATIENT VISITS	0		0		.00		.00	.000	.00)	.00
OFFICE VISITS	0		0		.00		.00	.000	.00)	.00
HOME VISITS	0		0		.00		.00	.000	.00)	.00
EMERGENCY ROOM	0		0		.00		.00	.000	.00)	.00
PREVENTIVE CARE	0		0		.00		.00	.000	.00)	.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00)	.00
OTHER OUTPATIENT	0		0		.00		.00	.000	.00)	.00
INPATIENT VISITS	0		0		.00		.00	.000	.00)	.00
HOSPITAL VISITS	0		0		.00		.00	.000	.00)	.00
CRITICAL CARE	0		0		.00		.00	.000	.00)	.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000	.00)	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000	.00)	.00
EXAMINATIONS	0		0		.00		.00	.000	.00)	.00
SERVICES AND MATERIALS	0		0		.00		.00	.000	.00)	.00

INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
	0	0								
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
DIALYSIS	U	0	.00		.00	.000		.00		.00
PATHOLOGY	U	U	.00		.00	.000		.00		.00
RADIOLOGY	U	0	.00		.00	.000		.00		.00
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00		.00	.000		.00		.00
@PHARMACY	0	0 \$		\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00		.00	.000		.00		.00
SNF/ICF	0	0	.00		.00	.000		.00		.00
OUTPATIENTS	0	0	.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0	.00		.00	.000		.00		.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00		.00	.000		.00		.00
ORAL SURGERY	0	0	.00		.00	.000		.00		.00
DRUGS	0	0	.00		.00	.000		.00		.00
ANESTHESIA	0	0	.00		.00	.000		.00		.00
PERIODONTICS	0	0	.00		.00	.000		.00		.00
ENDODONTICS	0	0	.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000		.00		.00
PROSTHETICS	0	0	.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0	.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0	.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	•	MONTH-OF-PAYMENT E	REPORT			DEC		PAGE	
MOP024	FEE-FOR-SERVICE			(HI OI(I	1010 07110 7	2002 111110	DLC	2002		1/17/03
AMADOR COUNTY	SUMMARY OF SERV		AL TUBERCULOSIS PRO	CRAM	AID C	ODF			O	1/1//05
APIADON COUNTI	SOMMAN OF SERV	ICES FOR 72 MEDI C	AL TOBERCOLOSIS FRO	JGIVAN	AID C	M	омти	TV 7/1/207	CF	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	7/1/2/2	NCE COST	UNITS/DAY		OST PER		T PER
00 EHIGIDHES	OSERS	OR DAYS OF CARE	EXIENDITORES		UNIT/DAY			USER		GIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000		.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	Y	.00	.000	Ÿ	.00	Y	.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	· ·		ċ	.00	.000	ċ	.00	ċ	.00
-	0	- '		\$			\$		\$	
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00	ċ	.00	.000	Ċ	.00	Ċ	.00
@PODIATRIST	· ·	0 \$		\$.00	.000	Ą		\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00	Ċ	.00	.000	Ċ	.00	Ċ	.00
@HOME HEALTH AGENCY	0	0 \$		Ş	.00	.000		.00	Ş	.00
NURSE ANESTHESIST	0	0 \$		\$.00	.000		.00	\$.00
NURSE MIDWIFE	0	0 \$		\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0 \$.00	\$.00	.000	\$.00	\$.00

@TOTAL HOSPITAL	Ü	0 \$.00	\$.00	.000 \$		\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0					
ANCILLARIES	U	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00			
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	Ü	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES N					PAGE 895
MOP024	FEE-FOR-SERVICE						01/17/03
AMADOR COUNTY		ICES FOR 72 MEDI-CA	TUBERCULOSIS PROC	GRAM AID CO	DE		,,
111111111111111111111111111111111111111	2011111111 01 21111	1020 1011 /2 1221 011	1000100101010	01441 1112 00	MONTH	ILY AVERAG	F
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		OST PER	COST PER
00 HIICIDIII	OBLIG	OR DAYS OF CARE	DAI BNDI I OREB	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
	0	0		•			•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	U	U	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	Ü	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	-	•					

FAMILY NURSE PRACTITIONER

@TOTAL HOSPITAL

0

0

0

\$

\$

.00 \$

.00 \$

.00

.00

.000 \$

.000 \$

.00 \$

.00 \$

.00

.00

SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
	· ·	0								
CROSSOVERS/ALL OTH OUTPINT	0		<u>^</u>	.00	^	.00	.000	.00	<u> </u>	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	•	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	•	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00			.000	.00		.00
		0				.00				
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
	0	•	ċ		ċ				Ċ	
@HEMODIALYSIS TOTAL	U	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
PATHOLOGY	0	0	۲	.00	۲	.00	.000	.00	۲	.00
	0	0								
XO AND OTHERS	U	0	_	.00	_	.00	.000	.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	•	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITIES	S M		PORT				P7	AGE 896
MOP024	FEE-FOR-SERVICE/DE		10 11	ONTH OF THIRDNE NE	11 01(1	1010 01110 2	002 IIII(0 D	DC 2002	1.1	01/17/03
			O 7. T	munenciii octo proc	7 7 N A	7 TD CO	DE			01/1//03
AMADOR COUNTY	SUMMARY OF SERVICE	S FOR /2 MEDI-	CAL	TUBERCULUSIS PROG	KAM	AID CO			C E	
0.0								NTHLY AVERA		
00 ELIGIBLES		ITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
	0.	R DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
	0	0								
AMBULANCES/AIR TRANS		U		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	Ō		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0								
				.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 897
MOP024 FEE-FOR-SERVICE/DENTAL
AMADOR COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

						MOI	NTHLY AVERA	GE
56 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	43	230	\$	17,102.95	\$ 74.36	4.107	\$ 397.74	\$ 305.41
@PHYSICIANS SERVICES	21	115	\$	5,275.88	\$ 45.88	2.054	\$ 251.23	\$ 94.21
OUTPATIENT VISITS	10	17		1,279.78	75.28	.304	127.98	22.85
OFFICE VISITS	6	6		669.05	111.51	.107	111.51	11.95
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	11		610.73	55.52	.196	101.79	10.91
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	4	6		250.71	41.79	.107	62.68	4.48

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	4	6		250.71		41.79	.107		62.68		4.48
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	3	39		1,746.46		44.78	.696		582.15		31.19
PRINCIPAL SURGEON	2	2		1,632.84		816.42	.036		816.42		29.16
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	37		113.62		3.07	.661		113.62		2.03
OUTPATIENT SURGERY	6	12		957.58		79.80	.214		159.60		17.10
PRINCIPAL SURGEON	6	9		868.00		96.44	.161		144.67		15.50
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	3	3		89.58		29.86	.054		29.86		1.60
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	5	12		83.62		6.97	.214		16.72		1.49
RADIOLOGY	6	7		474.25		67.75	.125		79.04		8.47
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	4	13		238.48		18.34	.232		59.62		4.26
OTHER SERVICES/ALL X-OVERS	3	9		245.00		27.22	.161		81.67		4.38
@PHARMACY	5		Ś	131.13	\$	16.39	.143	Ś	26.23	Ś	2.34
PRESCRIPTION DRUGS	5	8	Υ	131.13	Υ	16.39	.143	٧	26.23	7	2.34
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	5	Q		131.13		16.39	.143		26.23		2.34
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	•	\$.00	Ś	.00	.000	ċ	.00	Ċ	.00
VISITS - DIAGNOSTIC	0	0 .	7	.00	۲	.00	.000	۲	.00	۲	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
	0	0									
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	U	0		.00		.00	.000		.00		.00
ENDODONTICS	U	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH-C	F-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	P7	AGE 898
MOP024	FEE-FOR-SERVICE/DENTA										01/17/03
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----- MONTHLY AVERAGE -----56 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @OPTOMETRIST 0 .00 .00 .000 \$.00 \$.00 0 0 .00 .00 DIAGNOSTIC AND ANC. PROCED 0 .00 .000 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .00 .00 .000 @CHIROPRACTOR 0 0 .00 \$.00 .000 \$.00 \$.00 .000 VISITS 0 .00 .00 .00 .00 .00 OTHER SERVICES .00 .000 .00 .00 0 @PODIATRIST .00 .00 .000 \$.00 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 .00 SURGERY/ANES. .00 .000 .00 .00

SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

AMADOR COUNTY

Comparison Com	RADIO./PATHOLOGY	0	0	0	Λ	.00	.000	.00		.00
HAMME HEALTH ALENCY		_								
NURSE AND STRESSITE		_							Ċ	
NURSE NIGHTE	• .	<u> </u>								
PEDIATRIC NURSE PRACTITIORER		0	- '							
ENDAILY NURSE PRACTITIONER		0								
### BOOK NAME NOTAL 22 94 10,964.97 130.54 1.500 4.98.41 195.80 ### HOSP INPATIENT TOTAL 3 11 9.95.92 845.08 196 3098.64 166.00 ### BOOK HOSPITALS 2 77 7.527.53 1075.36 1.25 3763.77 134.42 ### BOOK HOSPITAL TOTAL 1 4 1.768.39 442.10 0.71 1768.39 31.58 ### BOOK HOSPITAL TOTAL 1 4 1.768.39 442.10 0.71 1768.39 31.58 ### BOOK HOSPITAL TOTAL 1 4 1.768.39 442.10 0.71 1768.39 31.58 ### BOOK HOSPITAL TOTAL 1 4 1.768.39 442.10 0.71 1768.39 31.58 ### BOOK HOSPITAL TOTAL 1 4 666.00 166.50 0.71 666.00 11.89 ### BOOK HOSPITAL TOTAL 1 4 666.00 166.50 0.71 666.00 11.89 ### BOOK HOSPITAL TOTAL 1 4 666.00 166.50 0.71 666.00 11.89 ### BOOK HOSPITAL TOTAL 1 9 73 1.669.05 22.66 1.304 87.84 29.80 ### BEILOLD 1.304 87.84 29.80 ### B										
HIGSP INPATIENT TOTAL		<u> </u>								
HSC HOSPITALS	-								Ş	
NON-HEC HOSPITAL TOTAL		-								
ACCOMMODATIONS ADMINISTRATIVE DAYS O O O O O O O O O O O O O			/							
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE 0 0 0 0.00 .00 .000 .000 .000 ALL OTHER ACCOM 1 4 4 666.00 166.50 .071 666.00 11.89 ANCILLARIES 1 0 0 1,102.39 .000 .000 .000 .000 1102.39 INPATIENT CROSSOVERS 0 0 0 .00 .000 .000 .000 .000 .000 ALL OTHER INFATIENT 0 0 0 .00 .000 .000 .000 .000 .000 ALL OTHER INFATIENT 0 0 0 .000 .000 .000 .000 .000 .000 ALL OTHER INFATIENT 0 0 0 .000 .000 .000 .000 .000 .000 ALL OTHER INFATIENT 0 0 0 .000 .000 .000 .000 .000 .000 ALL OTHER INFATIENT 0 0 0 .000 .000 .000 .000 .000 .000 ALL OTHER INFATIENT 0 0 0 .000 .000 .000 .000 .000 .000 ALD OTHER INFATIENT 0 0 0 0 .000 .000 .000 .000 .000 .000 ALD OTHER INFATIENT 0 0 0 0 .000 .000 .000 .000 .000 .000 PATHOLOGY 12 47 571.55 12.16 .839 47.63 10.21 RADIOLOGY 2 2 2 139.89 69.95 .036 69.95 .2.50 ROM USE CROSSOVERS/ALL OTH OUTPINT 5 8 9 98.24 12.28 .143 19.65 1.75 CCOUNTY HOSPITAL TOTAL 0 0 0 \$.000 \$.000 .000 \$.000 ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	4							
TRANSITIONAL IF CARE O O O O O O O O O O O O O O O O O O		1	4							
ALL OTHER ACCOM 1 1 4 666.00 166.50 .071 666.00 11.89 ANCILLARIES 1 1 0 1,102.39 .00 .000 .102.39 19.69 INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .000 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER TOTAL 19 73 1,669.05 22.86 1,304 87.84 29.80 MEDICAL 6 6 6 435.20 72.53 .107 72.53 7.77 SURGERY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 PATHOLOGY 12 47 571.55 12.16 .839 47.63 10.21 RADIOLOGY 2 2 2 139.89 69.5 .036 69.95 .2.50 ROOM USE 9 10 424.17 42.42 .179 47.13 7.57 CROSSOVERS/ALL OTH OUTPTNT 5 8 998.24 12.28 .143 19.65 1.75 COUNTY HOSPITAL TOTAL 0 0 \$.00 \$.00 .00 \$.00 \$.00 NON-HSC HOSPITALS TOTAL 0 0 \$.00 \$.00 .00 .00 \$.00 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 0 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 0 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		0								
ANCILIARIES 1 0 1,102.39 .00 .000 1102.39 19.69 INPATIENT CROSSOVERS 0 0 0 0 .00 .00 .000 .000 .00 .00 ALL OTHER INPATIENT		0	0							
INPATIENT CROSSOVERS O ALL OTHER INPATIENT O O O O O O O O O O O O O O O O O O		1	4							
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1								
HOSP OUTPATIENT TOTAL		0								
MEDICAL MODICAL MODICA		· ·	•							
SURGERY 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		= -								
PATHOLOGY 12 47 571.55 12.16 .839 47.63 10.21 RADIOLOGY 2 2 139.89 69.95 .036 69.95 2.50 ROOM USE 9 10 424.17 42.42 1.79 47.13 7.57 CROSSOVERS/ALL OTH OUTPTNT 5 8 8 98.24 12.28 .143 19.65 1.75 (COUNTY HOSPITAL TOTAL 0 0 0 \$.00	MEDICAL	-								
RADIOLOGY	SURGERY	S .						.00		
ROOM USE	PATHOLOGY						.839	47.63		
CROSSOVERS/ALL OTH OUTPTNT	RADIOLOGY	2		139.8	9	69.95	.036	69.95		2.50
COUNTY HOSPITAL TOTAL	ROOM USE	9	10				.179	47.13		
CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	CROSSOVERS/ALL OTH OUTPTNT	5	8	98.2	4	12.28	.143	19.65		1.75
HSC HOSPITALS 0 0 0 0 00 00 000 000 00 00 00 00 00 0	@COUNTY HOSPITAL TOTAL	0	0 \$.0	0 \$.00	.000	\$.00	\$.00
NON-HSC HOSPITALS TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CO HOSPITAL INPATIENT TOTAL	0	0	.0	0	.00	.000	.00		.00
ACCOMMODATIONS 0 0 0 .00 .00 .000 .000 .00 .000 ADMINISTRATIVE DAYS 0 0 0 .00 .000 .000 .000 .000 TRANSITIONAL IP CARE 0 0 0 .00 .00 .000 .000 .000 .000 ALL OTHER ACCOM 0 0 .00 .000 .000 .000 .000 .000 ANCILLARIES 0 0 0 .00 .000 .000 .000 .000 .000 INPATIENT CROSSOVERS 0 0 0 .00 .000 .000 .000 .000 .000 ALL OTHER INPATIENT 0 0 0 .00 .000 .000 .000 .000 .000 CO HOSP OUTPATIENT TOTAL 0 0 0 .000 .000 .000 .000 .000 MEDICAL 0 0 0 .000 .000 .000 .000 .000 .000 SURGERY 0 0 0 0 .000 .000 .000 .000 .000 PATHOLOGY 0 0 0 .000 .000 .000 .000 .000 PATHOLOGY 0 0 0 .000 .000 .000 .000 .000 RADIOLOGY 0 0 0 0 .000 .000 .000 .000 .000 RADIOLOGY 0 0 0 0 .000 .000 .000 .000 .000 RADIOLOGY 0 0 0 0 .000 .000 .000 .000 .000 ROOM USE 0 0 0 0 .000 .000 .000 .000 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 899	HSC HOSPITALS	0	0	.0	0	.00	.000	.00		.00
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITALS TOTAL	0	0	.0	0	.00	.000	.00		.00
TRANSITIONAL IP CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	ACCOMMODATIONS	0	0	.0	0	.00	.000	.00		.00
ALL OTHER ACCOM 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0	ADMINISTRATIVE DAYS	0	0	.0	0	.00	.000	.00		.00
ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TRANSITIONAL IP CARE	0	0	.0	0	.00	.000	.00		.00
INPATIENT CROSSOVERS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	ALL OTHER ACCOM	0	0	.0	0	.00	.000	.00		.00
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ANCILLARIES	0	0	.0	0	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	INPATIENT CROSSOVERS	0	0	.0	0	.00	.000	.00		.00
MEDICAL 0 0 .00 <td>ALL OTHER INPATIENT</td> <td>0</td> <td>0</td> <td>.0</td> <td>0</td> <td>.00</td> <td>.000</td> <td>.00</td> <td></td> <td>.00</td>	ALL OTHER INPATIENT	0	0	.0	0	.00	.000	.00		.00
MEDICAL 0 0 .00 <td></td> <td>0</td> <td>0</td> <td>.0</td> <td>0</td> <td>.00</td> <td>.000</td> <td>.00</td> <td></td> <td>.00</td>		0	0	.0	0	.00	.000	.00		.00
SURGERY 0 0 .00 <td>MEDICAL</td> <td>0</td> <td>0</td> <td>.0</td> <td>0</td> <td>.00</td> <td>.000</td> <td></td> <td></td> <td></td>	MEDICAL	0	0	.0	0	.00	.000			
PATHOLOGY 0 0 .00 </td <td>SURGERY</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td>.000</td> <td></td> <td></td> <td>.00</td>	SURGERY	0	0				.000			.00
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0		0	0							
ROOM USE 0 0 .00		0	0							
CROSSOVERS/ALL OTH OUTPTNT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	Ô							
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 899										
		_							PΔ	
	MOP024	FEE-FOR-SERVICE/DENTAL			01(.					01/17/03

----- MONTHLY AVERAGE -----USERS AVERAGE COST UNITS/DAYS COST PER COST PER 56 ELIGIBLES UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 84 10,964.97 \$ 130.54 1.500 \$ 498.41 \$ 195.80 COMM HOSP INPATIENT TOTAL 3 11 9,295.92 845.08 .196 3098.64 166.00 2 HSC HOSPITALS 7,527.53 1075.36 .125 3763.77 134.42 442.10 1768.39 NON-HSC HOSPITALS TOTAL 1,768.39 .071 31.58 666.00 166.50 666.00 11.89 ACCOMMODATIONS .071 ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

AMADOR COUNTY

ALL OTHER ACCOM	1	А		666.00		166.50	.071		666.00		11.89
ANCILLARIES	1	0		1,102.39		.00	.000		1102.39		19.69
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	19	73		1,669.05		22.86	1.304		87.84		29.80
MEDICAL	- 6	, 5		435.20		72.53	.107		72.53		7.77
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	12	47		571.55		12.16	.839		47.63		10.21
RADIOLOGY	2	2		139.89		69.95	.036		69.95		2.50
ROOM USE	9	10		424.17		42.42	.179		47.13		7.57
CROSSOVERS/ALL OTH OUTPTNT	7 5	8		98.24		12.28	.143		19.65		1.75
@STATE HOSPITAL	. 0	0	\$.00	Ś	.00	.000	Ś	.00	Ġ	.00
MENTALLY ILL	0	0	Y	.00	Y	.00	.000	Ÿ	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	Y	.00	Ÿ	.00	.000	٧	.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	2 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	Y	.00	Ÿ	.00	.000	٧	.00	Y	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	Ψ.	.00	Υ	.00	.000	۲	.00	Υ	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	Ψ	.00	Τ	.00	.000	т	.00	Τ	.00
INDEPENDENT FACILITY	0	Ő		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	21	\$	566.88	Ś	26.99	.375	Ś	141.72	Ś	10.12
PATHOLOGY	4	21	-T	566.88	т.	26.99	.375	7	141.72	т.	10.12
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	59.09	Ś	59.09	.018	Ś	59.09	Ś	1.06
CLINIC	0	0		.00		.00	.000	'	.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	ī	1		59.09		59.09	.018		59.09		1.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES N		EPORT			DEC		PF	AGE 900
MOP024	FEE-FOR-SERVICE/DENTA										01/17/03

----- MONTHLY AVERAGE -----56 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1 \$ 105.00 \$ 105.00 .018 \$ 105.00 \$ @ALL OTHER PROVIDERS 1.88 .00 .000 .00 DURABLE MED. EQUIP. 0 0 .00 .00 BLOOD BANK 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 .00 .00 .00 .000 .00 .00 .00 MEDICAL TRANSPORTATION .000 .00 AMBULANCES/AIR TRANS 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 OTHER TRANS .000 .000 .00 .00 .00 .00 OTHER SERVICES ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 105.00 105.00 .018 105.00 1.88

SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

AMADOR COUNTY

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 901 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

AMADOR COUNTY SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

AMADOR COUNTI	SUMMARI OF SER	VICES FOR 74 FOR FUI	OKE USE		MON'	ת משונה עדוות	717
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 ELIGIBLES	OSERS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
	0		0.0	\$.00	.000 \$		
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES	0	0 \$.00	•	.000 \$.00	
OUTPATIENT VISITS	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	0		.00			.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	U	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	U	.00	.00	.000	.00	.00
PREVENTIVE CARE	U	U	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.	.00	.000 \$	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000	.00		.00
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	0	0		.00		.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00			.000	.00		.00
ORAL SURGERY	0	0		.00			.000	.00		.00
DRUGS	0	0		.00			.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00			.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES MONTH-OF	-PAYMENT REF	PORT FOR	JAN 2002 T	THRU DE	EC 2002	PAGE	902
MOP024	FEE-FOR-SERVICE/DENTAL								01/	17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	74 FOR	FUTURE USE							
							MO1	NTHLY AVERAG	SE	

					11011	TITLL AVEIVA	111
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	ک خ	.00	\$.00	.000	\$.00	\$.00
	0		ې د								
NURSE MIDWIFE	•	0	ې د	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0										
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	· ·	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
		CES AND EXPENDITURE	rs Mc		FPORT			DEC 2		PACE	903
MOP024	FEE-FOR-SERVICE		10 140	JNIII OF FAIRENT N	EF OI	I FOR UAN 200.	2 11110	DEC 2	.002		1/17/03
AMADOR COUNTY		VICES FOR 74 FOR I	מוזייווי	OF HEF						0.	1/1//03
WINDON COONTI	SUMMANT OF SERV	VICES FOR /4 FOR I	. 0101	AL UQE		==:	1/4		LY AVERAG	2F	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	71.7.7						
AA ETIGIDTES	CALCO			FVLFNNTIOKĘ2		ERAGE COST UN: R UNIT/DAY PI			USER		T PER
ACOMMINITED HOSPITAL TOTAL	0	OR DAYS OF CARE		0.0	\$.00	.000		.00		GIBLE
@COMMUNITY HOSPITAL TOTAL	U	0	P	.00	Ą	.00	.000	Ą	.00	Ą	.00

COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	0	0									
ADMINISTRATIVE DAYS	U	U		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
ROOM USE	0	ŭ				.00	.000				.00
CROSSOVERS/ALL OTH OUTPTNT	U	0	^	.00	<u> </u>	.00	.000	â	.00	á	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	٧	.00	٧	.00	.000	Y	.00	٧	.00
ICF DD	0	0									
	0	· ·		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	т	.00	4	.00	.000	-1	.00	т	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	· ·	· ·	DEC MO		- DOD III			DEC		DACE	
#CALIF DEPT OF HEALTH SERV		,	KES MO	NTH-OF-PAYMENT RE	PORT	FOR JAN 2	2002 THRU	DEC	2002	PAGE	
MOP024	FEE-FOR-SERVICE,									U	1/17/03
AMADOR COUNTY	SUMMARY OF SERV.	ICES FOR 74 FOR	F'U'I'UR	E USE							
							M				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				T PER
		OR DAYS OF CAR	₹		PER	UNIT/DAY	PER ELIG		USER		GIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00

^{0*} Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 905
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
AMADOR COUNTY SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

						MO	NTHLY AVERA	GE
38 ELIGIBLES	USERS	UNITS OF SERVICE	EX	YPENDITURES	AVERAGE COST			COST PER
00 221012220	002110	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	15	56 \$	5	4,545.90	\$ 81.18	1.474		
@PHYSICIANS SERVICES	6	9 \$	5	2,169.59	\$ 241.07	.237	•	
OUTPATIENT VISITS	4	5	•	234.32	46.86	.132	58.58	6.17
OFFICE VISITS	1	1		52.39	52.39	.026	52.39	1.38
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	3	4		181.93	45.48	.105	60.64	4.79
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		53.52	53.52	.026	53.52	1.41
PRINCIPAL SURGEON	1	1		53.52	53.52	.026	53.52	1.41

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	2	3		1,881	L.75		627.25	.079		940.88		49.52
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0			.00		.00	.000		.00		.00
@PHARMACY	12	26	\$	1,595	5.06	\$	61.35	.684	\$	132.92	\$	41.98
PRESCRIPTION DRUGS	12	25		1,584	1.32		63.37	.658		132.03		41.69
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	12	25		1,584	1.32		63.37	.658		132.03		41.69
MEDICAL SUPPLIES	1	1		10	74		10.74	.026		10.74		.28
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0			.00		.00	.000		.00		.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITU	RES MON	TH-OF-PAYME	ENT R	EPORI	FOR JAN 2002	THRU	DEC	2002	PAG	
MOP024	FEE-FOR-SERVICE/DENTAL			,								01/17/03
AMADOR COUNTY	SUMMARY OF SERVICES FOR	75 SSI	APPEAL	/NLDC			AID CODES 6N					

						M	CNO	THLY AVERA	GE.	
38 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	14	\$ 295.24	\$	21.09	.368	\$	98.41	\$	7.77
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	14	295.24	21.09	.368	98.41	7.77
MEDICAL	2	5	64.09	12.82	.132	32.05	1.69
SURGERY	1	1	8.12	8.12	.026	8.12	.21
PATHOLOGY	1	1	12.46	12.46	.026	12.46	.33
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	4	187.24	46.81	.105	62.41	4.93
CROSSOVERS/ALL OTH OUTPTNT	3	3	23.33	7.78	.079	7.78	.61
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES 1	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 907

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 AMADOR COUNTY

AMADOR COUNTI	SUMMARI OF SERVI	ICES FOR /J SSI	AFFE	AL/NLDC		AID CODES	OIN			~=	
38 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/17/27	RAGE COST			HLY AVERA		COST PER
30 ETIGIPTE2	USERS	OR DAYS OF CARE		EXPENDITORES		. UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	OR DAIS OF CARE	\$	295.24	\$.368		98.41		7.77
COMM HOSP INPATIENT TOTAL	0	0	Y	.00	Y	.00	.000		.00	Y	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3	14		295.24		21.09	.368		98.41		7.77
MEDICAL	2	5		64.09		12.82	.132		32.05		1.69
SURGERY	1	1		8.12		8.12	.026		8.12		.21
PATHOLOGY	1	1		12.46		12.46	.026		12.46		.33
RADIOLOGY	0	0		.00		.00	.020		.00		.00
ROOM USE	3	0		187.24		46.81	.105		62.41		4.93
CROSSOVERS/ALL OTH OUTPINT	3	3		23.33		7.78	.079		7.78		.61
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		.00	Ċ	.00
MENTALLY ILL	0	0	Y	.00	Y	.00	.000		.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		.00	Ś	.00
LEV A-INTERMEDIATE	0	0	Y	.00	Y	.00	.000		.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B KEHAD MD LEV B-SUBACUTE FREESTANDING	•	0		.00		.00	.000		.00		.00
LEV B SUBACUTE PREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	\$.00	.000		.00	Ś	.00
ICF DDH	0	0	Ψ	.00	٧	.00	.000		.00	Ψ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	Ś	.00	\$.00	.000		.00	Ś	.00
HOSPITAL BASED	0	0	т	.00	Ψ	.00	.000		.00	Τ.	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	Ś	.00	\$.00	.000		.00	Ś	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	7	\$	486.01	\$	69.43	.184	\$	97.20	\$	12.79
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	7		486.01		69.43	.184		97.20		12.79
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT F	REPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 908
MOP024	FEE-FOR-SERVICE,										01/17/03
AMADOR COUNTY	SUMMARY OF SERVI	ICES FOR 75 SSI	APPE	AL/NLDC		AID CODES	6N				
									HLY AVERA		
20 ELICIBLES	TICEDC	INTERC OF CEDUTOR		PADEMPTHIDEC	7\ 7.777	DACE COCH	TINITHO / DA	VC	COCH DED		

38 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

	OR DAYS OF CAR	RE			I	PER (JNIT/DAY	PER	ELIG	USER]	ELIGIBLE
@ALL OTHER PROVIDERS 0	0		\$.00	5	\$.00		000	\$.00	\$.00
DURABLE MED. EQUIP. 0	0			.00			.00		000	.00		.00
BLOOD BANK 0	0			.00			.00		000	.00		.00
HEARING AID DISPENSERS 0	0			.00			.00		000	.00		.00
MEDICAL TRANSPORTATION 0	0			.00			.00		000	.00		.00
AMBULANCES/AIR TRANS 0	0			.00			.00		000	.00		.00
OTHER TRANS 0	0			.00			.00		000	.00		.00
OTHER SERVICES 0	0			.00			.00		000	.00		.00
ACUPUNCTURE 0	0			.00			.00		000	.00		.00
ADULT DAY HEALTH CARE CTR 0	0			.00			.00		000	.00		.00
GENETIC DISEASE TESTING 0	0			.00			.00		000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP 0	0			.00			.00		000	.00		.00
OCCUPATIONAL THERAPIST 0	0			.00			.00		000	.00		.00
OPTICIAN 0	0			.00			.00		000	.00		.00
PHYSICAL THERAPIST 0	0			.00			.00		000	.00		.00
PORTABLE X-RAY 0	0			.00			.00		000	.00		.00
PROSTHETIST/ORTHOTISTS 0	0			.00			.00		000	.00		.00
PROSTHETICS 0	0			.00			.00		000	.00		.00
ORTHOTICS 0	0			.00			.00		000	.00		.00
PSYCHOLOGIST 0	0			.00			.00		000	.00		.00
SPEECH AND AUDIOLOGY 0	0			.00			.00		000	.00		.00
HOSPICE SERVICES 0	0			.00			.00		000	.00		.00
NONINST BIRTHING CENTERS 0	0			.00			.00		000	.00		.00
LOCAL EDUCATION AGENCIES 0	0			.00			.00		000	.00		.00
EPSDT SUPPLEMENTAL SERVICE 0	0			.00			.00		000	.00		.00
RESPIRATORY CARE PRACT. 0	0			.00			.00		000	.00		.00
PED SUBACUTE REHAB/WEANING 0	0			.00			.00		000	.00		.00
ALL OTHER PROVIDERS 0	0			.00			.00		000	.00		.00
@CALIF. CHILDREN SERVICES* 4	8		\$	2,159.12		\$ 2	269.89		211	\$ 539.78	\$	56.82
@XOVER EXCLUDING STATE HOSP** 0	0		\$.00	Ş	\$.00		000	\$.00	\$.00

0* Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

 $\star\star$ These data are included in the appropriate detail lines above.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 909
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
AMADOR COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

						MO1	NTHLY AVERA	GE
34,823 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	21,129	321,858	\$	12,154,112.34	\$ 37.76	9.243	\$ 575.23	\$ 349.03
@PHYSICIANS SERVICES	6,013	19,555	\$	670,916.74	\$ 34.31	.562	\$ 111.58	\$ 19.27
OUTPATIENT VISITS	3,078	4,390		162,963.15	37.12	.126	52.94	4.68
OFFICE VISITS	2,532	3 , 357		109,694.90	32.68	.096	43.32	3.15
HOME VISITS	7	7		309.30	44.19	.000	44.19	.01
EMERGENCY ROOM	210	247		12,236.02	49.54	.007	58.27	.35
PREVENTIVE CARE	5	5		225.71	45.14	.000	45.14	.01
OB VISITS/COMPRE PERI	296	606		36,169.98	59.69	.017	122.20	1.04
OTHER OUTPATIENT	143	168		4,327.24	25.76	.005	30.26	.12
INPATIENT VISITS	316	1,054		70,340.82	66.74	.030	222.60	2.02
HOSPITAL VISITS	274	710		32,835.30	46.25	.020	119.84	.94
CRITICAL CARE	37	306		36,464.11	119.16	.009	985.52	1.05
SNF/ICF/TRANS IP CARE	25	38		1,041.41	27.41	.001	41.66	.03
OPHTHALMOLOGICAL SERVICES	17	20		931.36	46.57	.001	54.79	.03
EXAMINATIONS	17	20		931.36	46.57	.001	54.79	.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	311	3,091		140,107.51		45.33	.089		450.51		4.02
PRINCIPAL SURGERI	179	209		140,107.31		504.55			589.12		3.03
ASSISTANT SURGEON	38	40		105,451.83 6,532.89		163.32			171.92		.19
ASSISTANT SURGEON ANESTHESIOLOGIST	144	2 , 842		28,122.79		9.90	.082		195.30		.81
OUTPATIENT SURGERY	529	1,567		100,216.51		63.95			189.45		2.88
PRINCIPAL SURGEON	417	533		77,006.81		144.48	.015		184.67		2.21
ASSISTANT SURGEON ANESTHESIOLOGIST	2	2		332.72		166.36	.000		166.36		.01
ANESTHESIOLOGIST	175	1,032		22,876.98		22.17			130.73		.66
DIALYSIS	12	22		2,658.26		120.83			221.52		.08
PATHOLOGY	495	858		14,602.39		17.02			29.50		.42
RADIOLOGY	1,428	2,254		65 , 170.08		28.91			45.64		1.87
PSYCHIATRY	4	4		164.83		41.21			41.21		.00
IMMUNIZATION AND INJECTION	145	371		10,377.02		27.97	.011		71.57		.30
OTHER SERVICES/ALL X-OVERS	1,778	5 , 924		103,384.81		17.45	.170		58.15		2.97
@PHARMACY	13,696	81,393	\$	3,459,871.52	\$	42.51	2.337	\$	252.62	\$	99.36
PRESCRIPTION DRUGS	13,588	48,754		3,392,905.08		69.59	1.400		249.70		97.43
SNF/ICF	1,051	6,861		375,296.95		54.70	.197		357.09		10.78
OUTPATIENTS	12,554	41,893		3,017,608.13		72.03	1.203		240.37		86.66
MEDICAL SUPPLIES	641	32,639		66,966.44		2.05	.937		104.47		1.92
@DENTIST	1,530	7,174	\$	326,415.74	\$	45.50	.206	\$	213.34	\$	9.37
VISITS - DIAGNOSTIC	1,004	4,108		63,241.75		15.39	.118		62.99		1.82
		648		38,924.60		60.07	.019		195.60		1.12
DRUGS	199 21 18	24		295.00		12.29	.001		195.60 14.05		.01
ANESTHESIA	18	18		1,880.00		104.44	.001		104.44		.05
	5.7			9,885.00		156.90			173.42		.28
ENDODONTICS	142	264		41,085.00		155.63	.008		289.33		1.18
	508	1,687		119,236.00		70.68	.048		234.72		3.42
PROSTHETICS	3	3		90.00		30.00	.000		30.00		.00
DENMIDEC CMAVDIAMEC	110	271		43,101.00		159.04	.008		365.26		1.24
SPACE MAINTAINERS	7	9		1,026.00		114.00	.000		146.57		.03
MAXILLOFACIAL SERVICES	1 0	11		1,196.39		108.76	.000		119.64		.03
FRACTURES, DISLOCATIONS	118 7 10 0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	36	54		6,205.00		114.91	.002		172.36		.18
ALL OTHER SERVICES	11	14		250.00		17.86	.002		22.73		.01
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	C MONTH					E.C		т	PAGE 910
MOP024	FEE-FOR-SERVICE		S MONI	n-Or-PAIMENI RE	EPURI	FOR JAN 2	2002 IRKU D	EC.	2002	P	01/17/03
AMADOR COUNTY		VICES FOR 80 TOTAL	CEDET	ETED							01/1//03
AMADOR COUNTY	SUMMARI OF SER	VICES FOR 80 TOTAL	CERTI	FIED			MO		T. 1. 3. 7. T.	с п	
34,823 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/ 7/ 777		UNITS/DAYS			-	COST PER
34,023 ELIGIDLES	USEKS	OR DAYS OF CARE		TVLFNDIIOKF2			PER ELIG	C	USER		ELIGIBLE
A O DECOMEED I CE	689		ċ	20 425 20	PER \$	-		ċ			-
@OPTOMETRIST		1,626	\$	38,435.38			.047		55.78		1.10

34,823 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CAR	EXPENDITURES	RAGE COST	UNITS/DAY PER ELIG	-	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	689	1,626	\$ 38,435.38	\$ 23.64	.047	\$	55.78	\$ 1.10
DIAGNOSTIC AND ANC. PROCED	417	417	15,945.84	38.24	.012		38.24	.46
EYE APPLIANCES	394	1,086	19,521.24	17.98	.031		49.55	.56
OTHER OPTOMETRIC SERVICES	107	123	2,968.30	24.13	.004		27.74	.09
@CHIROPRACTOR	59	88	\$ 1,374.26	\$ 15.62	.003	\$	23.29	\$.04
VISITS	50	73	1,149.50	15.75	.002		22.99	.03
OTHER SERVICES	9	15	224.76	14.98	.000		24.97	.01
@PODIATRIST	313	366	\$ 5,379.38	\$ 14.70	.011	\$	17.19	\$.15
MEDICINE/INJECTIONS	38	42	1,515.40	36.08	.001		39.88	.04
SURGERY/ANES.	8	14	312.12	22.29	.000		39.02	.01
RADIO./PATHOLOGY	4	5	86.50	17.30	.000		21.63	.00
OTHER	268	305	3,465.36	11.36	.009		12.93	.10
@HOME HEALTH AGENCY	44	1,170	\$ 39,364.94	\$ 33.65	.034	\$	894.66	\$ 1.13
NURSE ANESTHESIST	8	75	\$ 226.61	\$ 3.02	.002	\$	28.33	\$.01
NURSE MIDWIFE	3	18	\$ 596.75	\$ 33.15	.001	\$	198.92	\$.02
PEDIATRIC NURSE PRACTITIONER	2	2	\$ 41.20	\$ 20.60	.000	\$	20.60	\$.00

FAMILY NURSE PRACTITIONER	1	ΙŞ	/5.1/	\$ /5.1/	.000	\$ /5.1/	
@TOTAL HOSPITAL	5 , 262	24,788 \$		\$ 99.89	.712	\$ 470.56	\$ 71.10
HOSP INPATIENT TOTAL	380	1,790	1,793,240.22	1001.81	.051	4719.05	51.50
HSC HOSPITALS	99	628	728,884.14	1160.64	.018	7362.47	20.93
NON-HSC HOSPITAL TOTAL	193	730	996,499.59	1160.64 1365.07	.021	5163.21	28.62
ACCOMMODATIONS	191	730	321,173.08	439.96	.021	1681.53	9.22
ADMINISTRATIVE DAYS	0	0	6.69	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	503.14	.00	.000	.00	.01
	191	730	320,663.25	439.26	.021	1678.87	9.21
ALL OTHER ACCOM		730					
ANCILLARIES	193		675,326.51		.000	3499.10	19.39
INPATIENT CROSSOVERS	92	432	67,856.23	157.07	.012	737.57	1.95
ALL OTHER INPATIENT	0	0	.26	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,031	22 , 998	682,831.39	29.69	.660	135.72	19.61
MEDICAL	2,335	3,102	157,774.12	50.86	.089	67.57	4.53
SURGERY	212	216	14,573.74	67.47	.006	68.74	.42
PATHOLOGY	2,069	8,611	104,815.73	12.17	.247	50.66	3.01
RADIOLOGY	1,330	1,934	148,998.03	77.04	.056	112.03	4.28
ROOM USE	2,706	3,687	159,360.34	43.22	.106	58.89	4.58
CROSSOVERS/ALL OTH OUTPTNT	1,512	5,448	97,309.43	17.86	.156	64.36	2.79
@COUNTY HOSPITAL TOTAL	63	294 \$	31,615.56	77.04 43.22 17.86 \$ 107.54	.008	\$ 501.83	
CO HOSPITAL INPATIENT TOTAL	6	48	22,967.02	478.48 1016.33	.001	3827.84	.66
HSC HOSPITALS	4	21	21,343.02	1016 33	.001	5335.76	.61
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0					.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00
TRANSITIONAL IP CARE		U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	27	1,624.00	60.15	.001	812.00	.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	57	246	8,648.54	35.16	.007	151.73	.25
MEDICAL	23	33	2,061.30	62.46	.001	89.62	.06
SURGERY	5	4	305.18	76.30	.000	61.04	.01
PATHOLOGY	31	97	1,136.00	11.71	.003	36.65	.03
RADIOLOGY	21	28	1,862.12	66.50	.001	88.67	.05
ROOM USE	31	46	2,256.88	49.06	.001	72.80	.06
CROSSOVERS/ALL OTH OUTPINT	19	38	1,027.06	27.03	.001	54.06	.03
#CALIF DEPT OF HEALTH SERV N	MEDI-CAL SERVIC	ES AND EXPENDITURES				DEC 2002	PAGE 911
	FEE-FOR-SERVICE						01/17/03
		ICES FOR 80 TOTAL	CERTIFIED				
THIRDOR GOONTT	OOIHHIKI OI DEKV	1020 1011 00 101112	CERTITIES		MO	ONTHLY AVERA	GE
34,823 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS'			COST PER
J4,025 EDIGIBLES	OSERS	OR DAYS OF CARE	EXTENDITORES	PER UNIT/DA		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,218	24,494 \$	2,444,456.05	\$ 99.80		\$ 468.47	
-	374	•		•			
COMM HOSP INPATIENT TOTAL		1,742	1,770,273.20	1016.23	.050	4733.35	50.84
HSC HOSPITALS	95	607	707,541.12	1165.64	.017	7447.80	20.32
NON-HSC HOSPITALS TOTAL	193	730	996,499.59	1365.07 439.96	.021	5163.21	28.62
ACCOMMODATIONS	191	730	321,173.08		.021	1681.53	9.22
ADMINISTRATIVE DAYS	0	0	6.69	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	503.14 320,663.25	.00	.000	.00	.01
ALL OTHER ACCOM	191	730	320,663.25	439.26		1678.87	9.21
ANCILLARIES	193	0	675 , 326.51	.00	.000	3499.10	19.39
INPATIENT CROSSOVERS	90	405	66,232.23	163.54	.012	735.91	1.90
ALL OBURD TARABLEAU	0	0	2.0	0.0	000	0.0	0.0

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FAMILY NURSE PRACTITIONER

ALL OTHER INPATIENT

MEDICAL

COMM HOSP OUTPATIENT TOTAL

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.00

SURGERY	207	212	14,268.56	67.30	.006	68.93	.41
PATHOLOGY	2,043	8,514	103,679.73	12.18	.244	50.75	2.98
RADIOLOGY	1,315	1,906	147,135.91	77.20	.055	111.89	4.23
ROOM USE	2,681	3,641	157,103.46	43.15	.105	58.60	4.51
CROSSOVERS/ALL OTH OUTPINT	1,495	5,410	96,282.37	17.80	.155	64.40	2.76
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1,178	37 , 630	\$ 3,846,819.00	\$ 102.23	1.081	\$ 3265.55	\$ 110.47
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	139	73,946.45	531.99	.004	73946.45	2.12
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1,177	37,491	3,772,872.55	100.63	1.077	3205.50	108.34
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	44	228	\$ 53,255.18	\$ 233.58	.007	\$ 1210.35	\$ 1.53
HOSPITAL BASED	11	153	30,954.32	202.32	.004	2814.03	.89
HEMODIALYSIS CENTER	34	75	22,300.86	297.34	.002	655.91	.64
@REHABILITATION FACILITY	10	50	\$ 1,158.48	\$ 23.17	.001	\$ 115.85	\$.03
HOSPITAL BASED	9	48	1,137.28	23.69	.001	126.36	.03
INDEPENDENT FACILITY	1	2	21.20	10.60	.000	21.20	.00
@LABORATORY FACILITY	862	2,288	\$ 39,214.12	\$ 17.14	.066	\$ 45.49	\$ 1.13
PATHOLOGY	832	2,249	38,538.49	17.14	.065	46.32	1.11
XO AND OTHERS	30	39	675.63	17.32	.001	22.52	.02
@ORGANIZED OUTPATIENT CLINIC	3,943	6 , 158	\$ 693,086.40	\$ 112.55	.177	\$ 175.78	\$ 19.90
CLINIC	53	213	5,500.29	25.82	.006	103.78	.16
SURGICENTER	37	252	9,068.36	35.99	.007	245.09	.26
HEROIN DETOX CLINIC	2	22	241.49	10.98	.001	120.75	.01

RURAL HEALTH CLINIC 3,861 5,671 678,276.26 119.60 .163 175.67 19.48
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 912
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

AMADOR COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

THINDOIC COONTI	BOTH MICH OF BEHAVIORS FOR SO TOTAL CERTIFIED							
0.4.000			_				NTHLY AVERA	-
34,823 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	3,047	139,247	\$	501,780.38	\$ 3.60	3.999	•	•
DURABLE MED. EQUIP.	152	628		69 , 235.28	110.25	.018	455.50	1.99
BLOOD BANK	1	20		306.00	15.30	.001	306.00	.01
HEARING AID DISPENSERS	15	26		9,553.63	367.45	.001	636.91	.27
MEDICAL TRANSPORTATION	433	19,148		91,428.99	4.77	.550	211.15	2.63
AMBULANCES/AIR TRANS	198	3 , 885		46,426.66	11.95	.112	234.48	1.33
OTHER TRANS	53	11 , 759		24,638.54	2.10	.338	464.88	.71
OTHER SERVICES	199	3,504		20,363.79	5.81	.101	102.33	.58
ACUPUNCTURE	11	46		789.36	17.16	.001	71.76	.02
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	83	84		6,686.00	79.60	.002	80.55	.19
IHMC, MODEL-NF, NF, AIDS, MSSP	225	3,051		126,341.46	41.41	.088	561.52	3.63
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	391	856		8,879.73	10.37	.025	22.71	.25
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2		59.36	29.68	.000	59.36	.00
PROSTHETIST/ORTHOTISTS	45	94		16,745.44	178.14	.003	372.12	.48
PROSTHETICS	26	72		15,424.39	214.23	.002	593.25	. 44
ORTHOTICS	21	22		1,321.05	60.05	.001	62.91	.04
PSYCHOLOGIST	9	18		601.62	33.42	.001	66.85	.02
SPEECH AND AUDIOLOGY	32	103		6,173.24	59.93	.003	192.91	.18
HOSPICE SERVICES	18	256		26,867.94	104.95	.007	1492.66	.77
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,080	9,825		62,898.36	6.40	.282	58.24	1.81
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	1	1		29.48	29.48	.000	29.48	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	782	105,090		75,213.97	.72	3.018	96.18	2.16
@CALIF. CHILDREN SERVICES*	184	4,885	\$	427,065.21	\$ 87.42	.140	\$ 2321.01	\$ 12.26
@XOVER EXCLUDING STATE HOSP**	2,228	24,414	\$	315,368.85	\$ 12.92	.701	\$ 141.55	\$ 9.06

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.